The
CANADIAN NURSE
A MONTHLY JOURNAL FOR THE NURSES OF CANADA
PUBLISHED BY THE CANADIAN NURSES' ASSOCIATION
VOLUME 49 NUMBER 3
MONTREAL, MARCH 1953

Stock-Taking

Professions involve essentially intellectual operations with large individual responsibility. They possess an educationally communicable technique; they tend to self-organize; they are becoming increasingly altruistic in motivation.

—ABRAHAM FLEXNER.

AS THIS IS BEING written the aftermath of Christmas buying and exchanging has passed and when we succeed in attracting the attention of a saleslady we are likely to find that she had been engrossed in the exacting task of stock-taking. So, in the specialty shop or groceteria; the hospital or health agency; the House of Parliament or the office of the Registered Nurses' Association, inventories are being compiled and budgets prepared in readiness for the new business of the coming year.

Recognizing that the strength of any organization lies in the services provided by its members, the provincial nurses' association "takes stock." It examines with a critical eye the objects of the association and asks of itself three questions:

1. Have we defined in concrete form the responsibility which the organized profession has to the community at large and to the individual members of the profession?
2. Have we translated our accepted responsibility into action?
3. Have we attempted to assess the results?

To satisfy our need for a clear and concise statement of policy and thus provide a platform for a coordinated program in harmony with the broad aims of the profession, our objects might be considered in relation to each of the following: Legislation, Educa-

John Palmer, Toronto

GLADYS J. SHARPE

tion, Distribution of Nursing Service, and the Welfare of the Individual Nurse.

Legislation

Legislation, like a floor, provides support for a variety of activities. In January, 1952, when the Nurse Registration Act and the Regulations under the Act became effective, thus reinforcing the floor of our Association, we welcomed and prepared to carry the extra load of responsibility required of us. The Legislation Committee has studied the Structure Study of the Canadian Nurses' Association and in each district groups are engaged in this interesting project. Interpretation of the Structure Study will be a feature of the program for the annual meeting in April.

Education

Charged with the responsibility for the professional education of our potential members, a new committee on Registration Standards was appointed. This committee has been the most active of any during 1952. Many matters have had to be referred for the formulation of policy. A sub-committee of the Committee on Education has pointed the way for nurse educators by enlisting their services in preparing detailed studies on certain assigned aspects of the Curriculum for Schools of Nursing in Ontario which will appear in its revised form shortly and will incorporate instruction on Civil Defence. Education concerning A.B.C. Warfare has been the special aim of the Committee on Civil Defence, with the committee convener acting as nurse consultant to the government committee on Civil Defence. As of December 31, 1952, 337 instructors have been prepared to teach and 6,165 other nurses have completed the prescribed course.

Distribution of Nursing Service

This is a problem common to all provinces and one which has been brought to the attention of our Association repeatedly by district representatives, by hospital and health administrators, and by our public relations secretary. With the Minister of Health for Ontario now a member ex officio of the Board of Directors, an unprecedented opportunity was provided to acquaint him firsthand about those conditions which, while not our own particular responsibility, were matters of serious concern to the organization. The report of the public relations secretary was presented to the Board at a meeting attended by the Minister of Health. Each district chairman spoke of the need for a supervisory nursing service for hospitals throughout the province. The Minister expressed his willingness to give consideration to our request and has sought our assistance in providing further details and suggestions.

Community nursing registries are playing a valuable part in providing nursing service and, through the Committee on Registries, their representatives are keeping the Association and each other informed regarding the services rendered to the other groups and individuals in the community. Each registry is required "to arrange, at least annually, educational programs for the membership," thus keeping their members abreast with developments in medicine and nursing.

Welfare of the Individual Nurse

The welfare of the individual nurse is the primary concern of the Committee on Personnel Policies. By an annual study and revision of the Association's Recommended Personnel Practices, all nurses and known employers of nurses are kept informed of currently approved practices.

The welfare of the individual nurse is further provided for by the Association's legal adviser and it is gratifying to note the increasing number of nurses and groups of nurses who consult the Association when problems arise concerning the practice of nursing.

Contributing to the financial aspect of welfare is the group plan providing disability insurance for members which has been in effect for several years but has increased in favor since its revision during 1952. At that time it was made more flexible and a choice of indemnities was offered.

The Membership Committee has an important part to play but it is the Pro-

gram Committee which interprets general principles in relation to the needs of the individual nurse and of the local community and, in the final analysis, determines whether or not the young nurse and older one, too, will decide in favor of membership. It has been encouraging to observe how certain districts have capitalized on the initiative and recent knowledge of the younger generation who, when given the opportunity, add zest to the program. We like to read of the very recent graduate who drove more than 250 miles on icy roads to attend a recent evening meeting.

CONCLUSION

Our "stock-taking" or evaluation completed, we have reason to be justly gratified with what has been achieved. There are still many important problems pressing for solution. As we prepare our agenda for the coming year we recognize the need for a placement service and for a better informed and greatly increased membership. It is through the united strength of our membership that past accomplishments have been made possible. Only as membership increases can we hope to widen our sphere of usefulness and so fulfil the demands and responsibilities that 1953 will surely bring.

GLADYS J. SHARPE, R.R.C.
President
Registered Nurses' Association of Ontario

A Final Word

E. P. SCARLETT, B.A., M.B., F.R.C.P. (C), F.A.C.P.

I MAY be pardoned if I address my remarks to the members of the graduating class. The rest of you may eavesdrop if you wish. And to you graduates — this is your day. This is one occasion in your life when you may freely climb a mountain top, allow the peaks to challenge you, and for a moment see life laid out before you.

I never cease to marvel at the custom of asking a man to address nurses on an occasion of this sort. It took one war, the Crimean, to let Florence Nightingale out of her drawing room and establish the nursing profession. Another war, the conflict of 1914-18, opened the doors of the world to the average woman some 60 years later. It may take a similar cataclysm to make it possible for a woman to speak to women at the time of their graduation. But, however doubtfully you may listen to me as a man, you may accept me as a physician. The relation of nurses and doctors when you come to think of it is an amazing one. Here you are, sturdy and independent young women, taking orders from men for years, meekly passing instruments to those irascible and lordly creatures — the surgeons — waiting on male patients who, as you know, are usually helpless, peevish children when they are ill. Whatever you may secretly

DR. E. P. SCARLETT

Dr. Scarlett, who is a member of the Calgary Associate Clinic, was recently chosen to be chancellor of the University of Alberta.

think about it, you have become disciplined to this state of affairs by the influence of the traditions of medicine and loyalty to its way of life.

Medicine is an extraordinarily difficult thing for the outsider to understand. It does not wear its heart on its sleeve. It is a bundle of paradoxes. It is most terribly stupid at times and yet it goes on serving reason in its laboratories. It has many sacred things which it loves to make light of. Service in its ranks is an honorable bondage. Among other things it has produced the mutual respect which exists between doctor and nurse — doctor and nurse, the two chief stage accessories in the great drama of human suffering.

It is as a physician then that I want to speak to you. I have worked with nurses for over 30 years. I have come to know and respect them and their leaders. It is a privilege to acknowledge the debt which I owe them.

In speaking to you there is one thing that I want to avoid like the plague and that is the sentimental strain. Ever since there was a nursing profession men have spoken to nurses and solemnly talked in glowing periods of "angels" and "soothing suffering brows" and "ladies of the lamp" and called on you, the hard-drilled soldiery of hospitals, for continued service and sacrifice — and then driven away in their expensive limousines! At the best this has been ironical and outrageous nonsense; in a deeper vein it has been hypocritical and flagrantly dishonest. At any time the spectacle of men calling on women for sacrifice and, in lordly fashion, presuming to tell them what are the finer things of life is outrageous and nauseating. It is on a level with the sort of thing that the motion pictures, blind to real values, deal with in what they please to call "Women in White" and "Men in White" and present to a public which gloats over jam and treacle. It is all a travesty of medical life.

Let us be real. Let me say boldly then that in the great army of nurses like yourselves the world over, medicine has harnessed two great and precious things — the idealism and youth of women and the capacity of women for disinterested work. These noble attributes must not be outraged or cheapened. They are the very life-blood of the institution of medicine.

May I venture to give you a definition of the nurse from the strictly medical viewpoint. Biologically speaking, the nurse is a peculiar species of comparatively recent origin, generally found in a protective coloring of white, who works with those who act as the medicine-men of the human race, has a tremendous capacity for work and long hours, has an unusually well-developed patience-centre in the brain, pays little or no income tax, is regarded as a highly marriageable commodity — and altogether represents one of the highest forms of adaptation achieved by the female sex. As such a paragon, she completely knocks into a cocked hat Kipling's expression, "The female of the species is more deadly than the male."

You will not think me too presumptuous if I remind you of some of the assets of a nursing education and the qualities which I hope that such training has instilled in you as you have journeyed toward this graduation day. Added to the resources which you have as women and which are denied to men, these are (and I present them in all sincerity) a shrewd sense of reality and the practical, a sense of the value and virtue of work, a sense of discipline and with it courage to meet the many "minor damnabilities of life," a sense of humor (invaluable asset), ability to suffer fools gladly (after the manner of St. Paul), and finally initiative and adaptability — the warrants Royal of the ideal nurse. These are some of the things which have been forged for you in the years of training, years that have moulded your minds and have determined the angle at which you wear your cap. At times the daily round of nursing may have been too much with you. The practical side of nursing involves much monotony and drudgery. We may do well to remember that there is a great deal that is mysterious in whatever is practical — and to remember, too, in all seasons that it is the mysterious which sustains us.

Another thing that I hope you have learned is something about the creature called man which should be of service

to you in later years, whatever your destiny. "Men, my dear," wrote Thomas Henry Huxley, one of the medical prophets, "are very queer animals — a mixture of horse nervousness, ass stubborness and camel malice, with an angel bobbing about unexpectedly like the apple in the posset, and when they can do exactly as they please are very hard to drive." You are to capture this elusive angel in man if you are to be skilful in your art. You must also have learned that women are the eternal flatterers of men. Women from the beginning of time have served as looking glasses, possessing the magic and delightful property of reflecting the figure of man at twice its natural size. It is this illusion that keeps men going, makes them confident and assured. Of course, you as women know the real truth about men, but you must keep up the conspiracy to make them think that they are twice as good and important as they really are. That is "what every woman knows" the world over.

There are other deeper facts about life that it is given to nurses to understand as do few others. Pain, "the small change of death," as Amiel calls it, you know at its true worth. The essential loneliness of man — alone at birth, in the great decisions of his life, and at death. Each man is an island universe in the cosmos, with the stars forming above him and the tides of joy and sorrow in ebb and flow about him. It is, I should say, the beginning of wisdom to know that — the central loneliness of the human heart. It is also the privilege of nurses to understand another truth about life closely allied to this: the tragic side of human existence — the *lacrimae rerum*, the tears in the heart of things. I always think that the thin line of black on the graduate nurse's cap is there to remind us that she presides over happiness and suffering, love and hate, saintliness and sinful barbarism which make up the mystery of life.

Finally I hope that the art of nursing has built for each of you an arch of idealism or at least strong fragments of that arch. I have always felt that a nurse's training will make a young woman either a clear-eyed idealist or just a calculating, rather cynical, machine. There is no more useless thing in Christendom than a disillusioned nurse.

And so I might go on. These are some of the assets which on this graduation day I hope that you can claim as yours. They are treasures which neither moth nor rust can destroy.

But, you say, we are not the paragons of beauty and intellect that you are describing. We are after all human beings and nurses who have to rise early in the morning and do a hard and exacting day's work. What about the daily task and the nursing round? May I tell you what one physician looks for in a good nurse? It is all the more important that these things be said, for we are living in a time when morality is slipping in fidelity, in honesty of dealing, self-control, and in the faithful doing of one's duty. *Diligence* first of all. In a nurse laziness is like cowardice in a soldier, bashfulness in a lawyer, or carelessness in a doctor. *Pride in your calling* as a nurse and a *professional attitude*. *Keeping silence* — gossip is the unforgivable sin in a nurse. *Patience and tact* — the nurse must handle three groups of people: patients, the family of patients, and doctors, the last named being a hot-tempered and abusive race. *Essential womanliness* — bring to your tasks the strength of women's gifts and intuitions. After all we have nurses because they are women. And finally the virtue of *charitableness* — the love of life and people expressed by good manners, quiet tongues, and a natural willingness to help any one at any time as effectively as lies in a good neighbor's power.

But, you protest, you have said nothing about skill in operating technique and bedside nursing. Well, those of course one should have but they are less important than the qualities we have been talking about. If wanting in imagination, a kind heart and a conscience, though you speak with the tongues of men and of angels, you are as sounding brass or a tinkling cymbal. Though you understand all medical mysteries and knowledge, you are nothing. You can profit your patients and yourself nothing.

There is little that remains to be said.

In a time when civilization seems to be in dissolution, you as nurses are supremely fortunate in being engaged in work which is essential to the life and well-being of man and not just doing a job. In everything that you do you are showing reverence for life and asserting the inherent decency and dignity of man. As privileged persons travelling with your fellow pilgrims to the shining City of God, you will always, I hope, bear the precious passport — the blessing of Him for whose children you have cared, unto whose sick you have ministered, and whose aged you have cheered and comforted.

"R.N." Means "Real Nurse"

ELIZABETH SMITH

THOSE of us assembled are nurses — Registered Nurses. I am sure that each one of us considers herself a real nurse. However, it is well to take stock occasionally. We hear a great deal these days regarding evaluating programs of work, programs of study, etc. Perhaps the topic assigned to me was thought of in order that we, as nurses, might evaluate ourselves and our profession.

A couple of weeks ago I heard a radio talk entitled "The Present and the Future Need the Past." The present is developed from and is built upon the past, so let us consider for a moment what we as nurses have inherited from and owe to the past. To do this does not require a lecture in the history of nursing. We need but recall the nursing sisters who came to our own country centuries ago to give nursing care to explorers and natives, the fine and brilliant women who established the first hospitals in this country.

ELIZABETH SMITH

Certainly we have troubles and frustrations today. I wonder sometimes how we would have measured up to the frustrations which must have faced the persons who established, for example, the school of nursing at The Montreal General Hospital or the school of the Toronto General Hospital. Miss Livingston and Miss Snively, in spite of all the difficulties, remained for years to develop a work in which they had faith and for which we as nurses owe them a debt. Often when difficult problems are being discussed in meetings, I find myself wondering, "What would Jean Gunn have said in such a case?" Progress cannot be made by living in the past. Neither can it be made by forgetting the past. Brilliant, staunch women spent their lives in building the profession of nursing in our country and on this continent. They were *real nurses*. If nurses are to do their best in present times, they cannot afford to forget those of the past. Remembering them should help us to face and solve the problems of today.

These are times, too, when we have to muster all the courage, help and strength that we can if we are to maintain and develop a nursing profession

Miss Smith is director of nursing services, Department of Public Health, Saskatchewan. This material was presented at an institute held at the Regina Grey Nuns' Hospital on November 15, 1952.

worthy of the name. History is being made more rapidly today than, perhaps, in any other age. We should take courage from the fact that we still have staunch, fine women in our profession who, if given the loyal backing of all nurses, will see us safely through our present problems and on our way to a better future. But these leaders require the support of more *real nurses*, not just R.N.'s.

The earlier definition of a nurse as one who nourishes, fosters, and cares for someone else is still true. She cares for the sick and infirm. Nevertheless, nursing today is much more complex. Nursing, like everything else, must change as society changes. It is because the present changes descended upon us so suddenly that our present-day problems seem so much more acute.

In the code for professional nurses recently published in *The American Journal of Nursing*, nursing is defined as follows:

> Professional nurses minister to the sick, assume responsibility for creating a physical, social, and spiritual environment which will be conducive to recovery, and stress the prevention of illness and promotion of health by teaching and example. They render health service to the individual, the family, and the community, and coordinate their services with members of other professions involved in specific situations.

Nurses, then, endeavor to promote health by teaching and example. They aim to render this all-inclusive service to the individual, the family, and the community. In these days of psychosomatic medicine we expect that the nurse, to do the best for her patient, should know something of his mental attitude, his adjustments in his family and society in general. When nurses of my vintage were in training, such interest in the patient was discouraged. If a patient did venture to voice a confidence which might have aided her physical recovery, the nurse of those days quickly changed the subject to that of the flowers, the fog, the rain, or some equally helpful and enlightening topic. If the patient had a social or psychological problem, the social worker was called. Her findings were deep secrets so far as the nurse was concerned. If a nurse possessed sufficient intelligence to wish to learn more about her patient by studying the chart, a light was sure to flash on or a bell to ring, or the entire ward had to be nourished or panned before the nurse went rushing off to attend a class. Much that we consider necessary in the preparation of a nurse today was lacking in those earlier days. *But* the nurses learned techniques and had ample opportunity, by repetition, to perfect them.

The preparation of nurses today has naturally become more complex. We hope, because of the better arrangement of programs and content of curricula, to prepare nurses who do know their patients better and who, because of this knowledge, should be better prepared to help the *whole* patient to be a healthier and happier individual. While we have been attempting this, have we really made the nurse a happier person? We have not been able to do these two things as well as we had hoped they might have been done. To accomplish these results — a better adjusted patient and a better adjusted real nurse — requires the attention and study of all interested in health services if we are to have real nurses and not just R.N.'s.

It is a cliché to say that every real nurse must consider herself a teacher of health. If this statement is to be a reality, we must be fair to our students and provide them with good, well prepared teachers. The current shortage of such persons, plus the tremendous demands made for nursing service, can be blamed as the chief reasons for many persons thinking we are preparing just R.N.'s rather than real nurses.

The big problem today is that there just aren't enough hands and feet, not to mention heads, to give all the nursing care that is required and to give it in such a way as to make real nurses happy about the situation. In the late '20's and in the '30's, a very different situation faced us. There were too many nurses for the health services which people were able to pay for. Everyone was saying that "fewer nurses should be trained." Actually, the size of classes was reduced in almost all schools. I remember walking with Miss Grace Fairley from a meeting where this very sub-

ject had been discussed. Miss Fairley said, "It will not be many years before the numbers of nurses will be insufficient for the services required." I think there were few at that time who realized how prophetic were those words. It will be a long time before such a mistake will be made again.

People say, "Why do we not train more nurses?" Reliable statistics show that until about 1965 there will be a smaller number of young people available for all occupations simply because fewer babies were born during the '30's. Our present-day problem is to try to solve our nursing difficulties with those nursing services presently available.

This brings us to a comment about nursing assistants. We need them. Our problem as a nursing profession is to learn how best they can fit into a successful nursing team. This *is* being met with considerable success in many places. My years make me a nurse of an older school. I can remember how a difficult kitchen maid could hamper the nurse's work. I can remember one male cleaner who was so "ornery" that he would almost throw a nurse with his push-broom if she happened to be busy at a dressing carriage when he was ready to sweep there. Now when I try to picture one or two more groups working on wards I realize how frustrating it could be for professional nurses. I often think that if we could just stop everything long enough to get these different people sorted out, as we would a jigsaw puzzle, how much better it would be. Unfortunately we cannot do that. We must solve the problem as everyone hurries and bustles along, trying to keep up with the overwhelming demands. Sometimes, when discouraged with the whole situation, nurses may feel that in these changes they are being pushed too hard and too fast.

I wonder whether you read in the press the note on the talk given at the Ontario Hospital convention by Dr. Phillips, Minister of Health for Ontario. He said that he favored keeping the admission and other standards for nurses at the highest level. He said also that today nurses have attained a high professional status — a nurse is "a little doctor." What real nurse wants to be "a little doctor"? Would we not rather be big, real nurses?

If nurses are to maintain the high professional status that those of the past worked hard to attain for us, we must look to our laurels. A good professional nurse must still be the leader in practising and demonstrating good techniques in all departments of nursing. I was shocked to hear that a young graduate, questioned about certain techniques in an operating room in a small hospital, said that with antibiotics it wasn't necessary to be so careful. Surely that is not the purpose of antibiotics. I wonder have professional nurses fallen so easily into the role of "little doctors" that they are becoming careless of techniques? I am not worried about the greater emphasis being placed upon psychology, sociology, etc. This is all to the good. I sometimes wonder whether, because of the presence of auxiliary workers, the nurse may be removed so far from service rooms and ward kitchens, that she forgets that these, too, are important.

If the nurse is to avoid becoming a "little doctor" she must realize that her role is more important now than it was in the past. Here we come back to her function as a teacher. The professional nurse must be able to teach health not only to patients in hospitals and families in communities, but also to the auxiliary staff. Everyone unconsciously is teaching all of the time. The nurse is teaching in the way in which she performs her duties. This incidental teaching is not always given the credit that it deserves. Her actual demonstration teaching, of course, must be above criticism. Every nurse should realize that these definitely *are* her responsibilities. That is one reason why, in spite of our great need for nurses, we should not lower standards for admission to our schools of nursing.

Some years ago the Bixlers, writing about the status of nursing, said:

> A profession rests on an organized body of knowledge and requires its members constantly to enrich and enlarge its knowledge by experimentation and research; it requires an organized period of study by its members in institutions of higher learning; it is not only theoretical in nature but also highly practical;

it is organized and self-governing and its ends are social in nature.

And notice this comment:

It must be remembered that one may be trained in a profession and yet not function as a truly professional person and one with less complete training may function professionally.

It will be noted that the attitude of the worker is of great significance. Therefore, those of us who hope for complete and unchallenged professional status for nursing must emphasize the attitude and actions of the individuals within nursing. This is very important and is deserving of careful consideration.

"One may be trained in a profession and yet not function as a truly professional person and one with less complete training may function professionally." If nurses are to hold their rightful place in the new pattern of teamwork in nursing services, they will have to be *real* nurses. To assure this, the preparation of fine persons must be good.

Because of the increased numbers of auxiliary workers, ability in administration is of vital importance in a registered nurse. Some of the problems in smaller hospitals would be minimized, at least to some extent, if there were more nurses with this ability. Society is by no means lacking in such young women. We must remember, however, that this is a very materialistic age in which we are living. Without being too sentimental about our profession, I should like to remind you of this Negro spiritual that I am sure you know:

Oh you gotta get a glory
In the soul you do.
A hallelujah chorus
In the heart of you.
Paint or tell a story,
Sing or shovel coal,
But you gotta get a glory
Or the job lacks soul.
To those who get a glory
It is like the sun,
And you can see it glowing
Through the work they've done.
Oh, fame is transitory,
Riches fade away,
But when you get a glory
It is there to stay.
Oh, Lord give me a glory
And a workman's pride,
For you gotta get a glory
Or you're dead inside.

I think that in these days we must try not to lose "the glory in our souls" for nursing.

Let us not be too discouraged. We have staunch and intelligent leaders in our profession. We have faith in the fine young women ready to prepare for the profession. But let each of us try ourselves and help others to be *real nurses*, rather than merely to swell the ranks of registered nurses. Let us keep our feet on the ground and our objectives high and let us keep the glory in our souls. If we can do that we can be hopeful for the future.

These remarks would be incomplete without a reference to Florence Nightingale. Let us go back again to the past and hear what she said:

Nursing is a progressive art in which to stand still is to go back. A woman who thinks in herself, "Now I am a full nurse, a skilled nurse, I have learned all there is to be learned," take my word for it — she does not know what a nurse is and she never will know. She is gone back already. Progress can never end but with a nurse's life.

These words can be aptly applied to the present status of our profession. Progress is being made today so fast that we can scarcely keep apace with it. Nurses have a tremendous responsibility to pick out the best in all these different currents of progress. It requires the wholehearted support of real nurses so that all may be hopeful of the future. Let us take hope from the words in "The Salutation of the Dawn" from the *Sanskrit:*

Listen to the Exhortation of the Dawn!
Look to this Day!
For it is Life, the very Life of Life.
In its brief course lie all the Verities and
Realities of your Existence:
The Bliss of Growth,
The Glory of Action,
The Splendor of Beauty.
For Yesterday is but a Dream,
And To-morrow is only a Vision;
But To-day well-lived makes every
Yesterday a Dream of Happiness,
And every To-morrow a Vision of Hope.
Look well therefore to this Day!
Such is the Salutation of the Dawn!

Dental Health

DOUGLAS J. YEO, D.D.S.

THE ACUITY OF THE senses varies directly with man's vocation or occupation. First impressions and things first noted in everyday life are governed by our work. Thus, a sanitarian does not notice your knotty-pine living room but admires your luxurious shingle outhouse. A tailor passes up your better points for the three darts in your new plaid skirt. A physician notes the relation of tibia to femur. Two days after a man becomes a secretary-treasurer he has developed the art of first noticing whether you have the "I want to pay" look or the "I want to receive" look and can then run "to" or "from" accordingly.

Dental students begin by first noting and then classifying everyone they meet by their teeth and jaws, either as snarling horses, average people, or Andy Gumps. Later on when they become interested in preventive dentistry they notice the habits of their young patients and parents which cause dental disasters. You do not have to hunt for examples of dental neglect — they are all about you and every day many catch my eye.

THIS MONTH I SAW

1. Two children eating monstrosities of colored sugar covered with chocolate and washing these all-day suckers down with bottles of pop while their mothers sat smiling approvingly.

2. A child of six years begging his mother to buy him a toothbrush. He got a bag of candy as a substitute.

3. A mother patting me on the back and saying "Good for you" when I scolded her child for chewing gum as though it were all my responsibility and none of hers.

4. A child anxious to get her teeth fixed but dragged away by her mother because she does not believe in filling the "baby teeth."

These things and many more all tend to point the finger of accusation at the parents. These children cannot acquire dental health by themselves. They must be taught it and that is your job and mine. I can teach the child only while he is in my dental chair; you can teach the child all the while he is at home.

The above paragraphs, published in our monthly report, were written after one month's observation and examination of the children in our health unit. The incidence of dental decay in these children was even higher than had been feared and the causes were apparent. The following is a description of our dental program of education and treatment which has been instituted as a result of the above need.

The most common disease of civilized man is dental caries. To date, in our health unit, out of 377 Grade I children, we have found only two who did not require treatment. In other words, 99.4 per cent of the children entering school last fall needed dental attention. No other disease has such a high incidence.

Untreated caries or other dental diseases will cause dental ill-health. Diseased teeth and surrounding tissues produce a lowered resistance to general infection and disease and may be the original source of a systemic condition causing chronic suffering and even death. Dental diseases are, in the vast majority of cases, preventable or most certainly the incidence may be very significantly reduced. That dental disease should be vigorously attacked is recognized now as being a public health measure long overdue. Furthermore, it is recognized that the improvement of dental health cannot fail to help to improve the general health of the people and lower the incidence of many general infections and diseases. To improve the dental health of the people of British Columbia, the Division of Preventive Dentistry of the Department of Health and Welfare was established in 1949.

The Division and the Dental Health Committee of the British Columbia Dental Association, representing the

Dr. Yeo's headquarters are in Prince George, British Columbia.

dental profession of the entire province, together carefully considered the problems affecting the dental health of the people of the province and evolved various types of dental programs to counter these problems.

These programs are based on the preventive aspects of dentistry and wherever possible will incorporate dental treatment services to preschool and Grade I school children. This age group has been selected so as to make available to the youngest children a comprehensive dental service before mass destruction of their teeth makes the problem expensive and difficult, if not impossible to control. In the future, it is hoped it may be possible to provide similar care for older children and, in addition, to maintain in good dental health the children treated in previous years.

The Division believes that the keystone of the preventive dental program rests in the inclusion within each local health unit of at least one full-time dentist, especially qualified and trained in children's and preventive dentistry. Portable dental equipment, especially designed by the Division for this purpose, is supplied to serve the outlying areas. A modern dental clinic is established in the health unit centre. Such a service was begun in the Cariboo Health Unit in the fall of 1951.

The problems involved in establishing and setting up a local preventive dental service were many. Large communities in the Cariboo have no dentist and are as many as 70, 112, and 152 miles from the nearest dental office. This created a tremendous backlog of dental need. Distances within the health unit are great. Williams Lake and Vanderhoof, both in the dental program, are separated by 220 miles of gravelled, potholed, spine-jolting washboard which reduces the dentist to a whimpering hulk, the dental supplies to a multi-odored pile of broken trash, and the car — oh! the poor car! A severe climate, with a considerable amount of snow in the winter, makes it difficult for us to get to some of the communities and makes it just as much a problem for the patients to get in to the dental clinic.

When using the portable equipment in the outlying areas suitable accommodation must be found. Many communities have no electrical power so the dental clinic is usually found in some building which has its own generating system. Children have been treated in general stores, staff rooms in schools, Red Cross outpost hospitals, and in community halls. At present the children of Fort St. James, away up in the northern extremities of the Health Unit, are having their teeth attended to in the projection room of the community hall. The greatest inconvenience here is a type of mosquito which has a bone drill for a proboscis and looks upon the dental drill as a museum piece!

In organizing the program, invaluable aid has been provided by the public health nurses with their intimate knowledge of their areas and the people; their accurate, carefully kept records of children of the younger age groups; and their keen desire to see the dental service functioning efficiently and providing much needed treatment for the children.

Certainly, one of the greatest needs lies in the field of dental health education. The people have not been taught and do not realize the importance of their children's teeth. Many parents are amazed when they learn that their children's teeth are being filled. Because these teeth are replaced and have long been called "temporary," a parent believes all her child's dental troubles will pass when the teeth fall out — the same way a good "burp" relieved this same child of his troubles when he was younger. We are all aware of the spectacular results of immunization. Our younger generations of today enjoy these benefits because their parents were taught and realized the importance of immunization. It is our aim, through education, to make the parents of today realize the importance of dental care so that the very young and future children will enjoy good dental health and even better general health.

Our nurses distribute posters, pamphlets, and booklets to the schools and teaching profession. Films and filmstrips are available for showing to children, older students and adults, and talks are given to all interested groups.

Prenatal classes, organized and conducted by the nurses, include dental health instruction, the part expectant mothers can play in ensuring formation of sound teeth in their babies, and the need of dental care when these teeth erupt.

Parents are especially invited to attend the child's first appointment. They are shown just what the condition of the child's mouth is and gently upbraided if his dental health has been neglected. If the child shows rampant caries his nutrition and diet are discussed with the parents. The patient is shown how to brush his teeth, told to brush them immediately after meals, and to cut down on all sweet foods. The parents are urged to see that these instructions are carried out faithfully.

Our nurses, when making school examinations, make wide use of referral cards. These cards inform the parents that their children need dental attention and urge that the teeth be attended to. All this is aimed at making the people of the area dental health conscious and to educate them concerning the benefits of adequate dental care.

At the beginning of each year when the public health nurse visits her schools she distributes dental consent forms to each Grade I student. When the form is signed by a parent and returned, the child is given an appointment. It is our earnest endeavor at all times to handle these children in such a way that when they leave the clinic dentally fit, they have only pleasant memories. We hope that in the future they will procure regular dental service and not put off trips to the dentist because of trepidation as so many people do at the present time.

At the first appointment the child is examined, charted, the parents are consulted, and treatment is begun to show the child exactly what to expect. At the end of the appointment, he or she is given a plaster model of a Walt Disney character — not as a bribe, not as a reward, but merely as a pleasant ending to the first dental experience. The children almost always return willingly for their second appointment and prove to be cooperative patients, eager to have all their defects attended to.

Treatment consists of restoring all carious teeth with fillings, with the extraction, when necessary, of infected and abscessed teeth. Because of the great demand for treatment, time-consuming specialized services such as orthodontics cannot be provided. Specific abnormalities, such as malocclusions, are pointed out to the parents and they are urged to see specialists if at all possible.

The benefits derived from this preventive dental service are already being noticed. After the removal of abscessed teeth teachers have observed greater attentiveness in previously listless children, parents have remarked on increased appetites and increased vitality in their children, and the suffering from toothache has been eliminated. In 1950, in one community, only six Grade I children were given an A in their physical examinations by the medical health officer. The majority lost out because of swollen cervical glands. This year, in the same community, the children were examined some time after dental treatment had cleared up the septic mouths. Ninety-five received A. The only swollen cervical glands to be found were in those children who had not applied for the service and yet had dental disease. Now that these children have been restored to sound dental health it is our hope that this state will be maintained through regular dental care and through conscientious home care. This is a benefit of the future.

The dental program has been evolved as a practical approach to a most serious problem. Though bringing benefit to small numbers at the beginning, it will in time improve the dental health of all our children. Dental disease, which today adversely affects the health of very nearly all the children we see, can be eliminated. Our public health teams, in which nurses play such a prominent part, are working in close harmony to ensure that this new health measure is successfully incorporated into the general, over-all program that is bringing high standards of health to the people of this province.

The Team: An Experiment in Nursing Service

ALICE R. RINES

NOT SHORTAGE OF *nurses* but shortage of *nursing* is the biggest problem facing our profession today. We are graduating more nurses than ever before and still we cannot fill the demands. Nor, according to experts, can we hope to fill them with the numbers of women available today. How, then, are we going to hurdle this seemingly impossible barrier? What can we do to make the best use of available nursing power? Nurses the world over are trying to find a solution through experiments in nursing education and nursing service. One of the most recent of these has been the experiment with the nursing team in the hospital situation.

Perhaps your concept of a team is like mine. We think of it as a group of people, usually in sports, who are trying to outsmart the opposition and reach a goal. Each person on the team, including the captain, has a position to play. No two members play the same part but each is essential to the team as a whole. This group, before going into the game, gets together with its coaches and plans the formations and general plays in anticipation of the opposition's moves. These plans are changed to meet the opposition's tactics. But the group as a whole works as a smooth-running unit, together accomplishing what they cannot do alone. This is the team in its most familiar setting.

The nursing team is no different. The only trouble is that most of us find difficulty in transposing it to our own situation. There is a team captain who is the professional nurse. It is her responsibility to guide and direct the activities of the whole group. There may be other professional nurses as members of the team who assist the team captain, or leader, in helping others. There may also be student nurses in this group. It is an excellent situation for the young student, working with competent professional nurses and taking part in the planning and guiding of nursing care. The rest of the team is composed of auxiliary nursing personnel who are equally as important in patient care as are professional nurses. The coach is the head nurse who, as all coaches must, sets the style for the quality of performance of the team. The managers and scouts for the team are the supervisors and the hospital administrators.

To picture the team as a fantastic group of madly dashing uniforms is a sorry misconception. This is far from the case. The ball we carry is our nursing knowledge; the opponents are injury and disease; our goal is the recovery of the patient; and the game is Life and Death. It is a serious business and needs our serious consideration.

This kind of a team has been introduced into the nursing world and, so far, it seems to be a success. Here we see a much happier relationship between workers and a much more contented patient. We see the professional nurse, the practical nurse, the hospital attendant working, not over or under, but with one another. Before this transformation can take place, everyone from the hospital administrator down to the last cleaner taken on the payroll has to accept the idea and be convinced that it is possible. If one person connected with the team does not believe in its ultimate success, the coordinated action of the group is an impossibility. The efficiency of the team depends on individuals, the efficiency of the individuals depends on the team leader.

What then is required of the profes-

Miss Rines based the preparation of this paper on her experience as a member of a team during her post-graduate work at Teachers College. Prior to her work in New York she was a supervisor and instructor at Toronto Western Hospital.

sional nurse in her role as team leader? It is she who must diagnose the nursing problem, plan and direct nursing care. Miss Amelia Leino, who has been responsible for the major portion of the research project which has developed this concept so fully, has outlined some of these requirements. She says that the leader must:

1. Know herself and seek improvement.
2. Know her job and plan for continuous professional growth.
3. Know her team members and look out for their welfare.
4. Set an example.
5. Keep herself and her team informed.
6. Take responsibility for her own actions regardless of their outcome.
7. See that the task is understood, supervise it, and see that it is carried out to completion.
8. Seek responsibility and develop a sense of responsibility among her teammates, supervising and intervening only when necessary.

It is easy to see that the job of team leader is a difficult one. The responsibility for the efficiency and morale of the team rests squarely on her shoulders. She assumes full responsibility for the execution of its tasks by her team.

The professional nurse is also a team member though she may or may not be team leader as well. As the professional nurse member of the team, she identifies the nursing problem, decides the ways of meeting the problem and then, with the other team members, puts her plan into action. She herself nurses patients whose treatments are too exacting for less skilled care. She may undertake the care of a convalescent patient whose psychological problem can only be determined by someone with professional knowledge. If she is not herself team leader, she assists the leader in planning patient care and guiding auxiliary personnel. Team leader or not, her function is very specific—leadership.

Auxiliary personnel look to the professional nurse to show them how to give nursing care and to give them direction and support. All too often nurses are neither prepared nor willing to take on this responsibility, and then the team suffers. While her special education enables the professional nurse to meet any nursing situation, she still must depend on others to carry part of the load. She looks to the nursing assistant to give patient care that requires some technical training and some judgment. She relies on the ward aide to perform care that requires only on-the-job training. But she takes into account that these members of the team, by virtue of their contact with the patients, have a very valuable contribution to make in planning nursing strategy. Thus the team is based on mutual respect and mutual confidence in ability to perform.

Those responsible for setting up this experiment recognized the importance of planned patient care. They also saw the value of making use of the close contact which auxiliary personnel have with the patient. Therefore time is set aside at the end of each day for team conference. Here relations with and reactions of the patients for whom the team has cared are discussed. All information pertinent to the nursing care of each is made available to all members of the team. As a result, each team member can approach the patients in her group with confidence. Each patient receives individual care. On the basis of these talks, the team leader alters nursing care plans and makes assignments for the next day. The head nurse is present at all conferences as a consultant and teacher. This is not the "functional" method of assignment, which depends on job content. Nor is it the "case" method, since more than one team member may take part in the care of any one patient. It is more individualized than the former and more cooperative than the latter. Perhaps a specific case will bring a clearer picture of how the team works.

Mrs. Ward was an old Negress whose diagnosis included cancer, arteriosclerosis, enlarged heart, and Paget's disease. Her condition was such that the team leader decided that she should have the care of a professional nurse. After two or three days the nurse felt that Mrs. Ward was not getting along as well as she should. She also began to wonder if she herself were not the reason for this decline. For one thing, small as the incident was, Mrs. Ward refused to allow the nurse to touch her hair. This worried the nurse, who felt she must be antagonizing the patient. The hair was then left for the hospital attendant.

Other equally minor incidents led the nurse

to bring the problem up at team conference. The hospital attendant told how Mrs. Ward seemed to move much more freely when the nurse was out of the room. The nursing assistant brought out that Mrs. Ward was worried because the professional nurse was looking after her, thinking she was much worse. This was the reason she seemed so sick when the nurse was around — she had to justify her need for this kind of care, or so she thought. The professional nurse diffidently mentioned the problem of Mrs. Ward's hair, bringing laughter from the group. Because of her inexperience with colored people, the nurse hadn't known that they rarely allowed anyone else to touch their hair.

The team talked through the whole problem and on the basis of the discussion the team leader decided to try assigning Mrs. Ward to a nursing assistant. However, she asked the professional nurse to help the nursing assistant whenever this was necessary. In one short session, several points arose about the care of Mrs. Ward that might have taken days or weeks to recognize. Here we see the whole team concentrating on the problem of one patient.

The team is still experimental. But I have had the opportunity to be part of one in one hospital. Many snags and pitfalls have been met. The greatest of these has been with the professional nurse herself. She is the hardest to convince that the team concept is valid. She still clings to the "functional" or the "case" method of assignment, and to autocratic discipline. The professional nurse of today has not been prepared to meet the requirements of team leader. Nor has she been prepared in the art of making and writing long-term nursing care plans. Strangely enough, her greatest difficulty is in identifying the patient's nursing problems. This leaves her confused and insecure when thrust into the nursing team. Only careful and complete orientation to the team can offset old ideas and give her confidence in her ability as team leader.

Then, too, the very thing the team was designed to overcome is one of its biggest stumbling blocks. The team is not and cannot be the complete answer to the nurse shortages. It does lessen the problem by making better and safer use of available nursing personnel. It does lead to better distribution of nursing service. But good nursing cannot be given without nurses. In areas where there is only one graduate nurse to 30 or 40 patients, and the rest of the staff is auxiliary personnel, reason dictates that no team can exist. An adequate ratio of professional nurses to non-professional staff has not been determined but at least one graduate nurse, exclusive of the head nurse, must be on hand for each team. Nor can the team work well with unstable staff. While the team tends to stabilize personnel, the constantly shifting nursing population brings its own problems.

Teamwork in nursing is not a new idea. Perhaps the most outstanding example of its use in the past is in the operating room. The nursing team as described here is a new application of that teamwork. To institute it takes careful planning and preparation. We cannot decide today that we will start the team tomorrow. It cannot operate without nurses. It cannot operate without the willingness of the staff to accept its basic concept of democratic cooperation. Where it exists, it brings a greater challenge to the skill of the professional nurse and a greater use of her ability. It brings to the non-professional worker recognition and a learning opportunity that she has not known before. Once it is operating, there exists an *esprit de corps* that is all too rare. Once the team is established, you will be convinced, as I am, that it is the best way to give good *nursing care* today.

References

1. Brooks, Ethel A. The First Seven Years are the Hardest. *American Journal of Nursing*, 49:4:276, April, 1949.

2. Kuntz, M. N. and Rogers, M. Planning Assignments for Nursing Teams. *A.J.N.*, 50:9:526, Aug. 1950.

3. Leino, Amelia. Organization of the Nursing Team. *A.J.N.*, 51:11:665, Nov. 1951.

4. Leino, Amelia. A Study of Team Organization of Nursing Personnel. Unpublished progress report, Division of Nursing Education, Teachers College, Columbia University, New York, Aug. 1950.

5. Menninger, Karl. Teamwork. *A.J.N.*, 49:3:171, March, 1949.

6. Phillips, Elisabeth C. Nursing Service Needs Can be Met. *A.J.N.*, 49:8:504, Aug. 1949.

The Nurse and the Unconscious Patient

J. J. O'NEILL, M.D.

UNCONSCIOUSNESS IS THE state of a patient who, due to pathological depression or abolition of cortical functions, is unaware of his surroundings, unable to talk coherently, move purposively, and feel accurately.

While discussing such a clinical state one should also talk about the patient who is partially conscious or apparently unconscious. This latter type of patient is important because he is so often seen in general hospitals where his arrival is the occasion of uneasy diagnostic speculations and of a great deal of commotion before he is accurately recognized.

On the wards and especially in the admitting room or in the out-patient department, the nurse, at least for a few minutes and sometimes for a longer period, frequently has to deal with the problem alone. She must give the more urgent treatments, prepare the necessary instruments and drugs which the doctor may need on arriving and know enough of the possible causes of the condition to gather relevant and important information from the relatives, bystanders, or the police.

The etiology of unconsciousness may be infectious, metabolic, toxic, hysterical or psychotic, and epileptic. While some of these conditions are seen in both sexes at any age, there is a certain advantage, if one is faced by unconsciousness without the benefit of much information from relatives, to know which type of unconsciousness is more often seen in a certain age group. For instance, the unconscious infant or young child is more likely to be suffering from some contagious illness, gastro-intestinal infections, meningitis, otitis with abcess or thrombosis, nephritis or convulsions.

In young adults and adolescents, one has to consider trauma, recent or forgotten, acute alcoholism, barbiturate or opiate intoxication, mitral disease with embolism, subarachnoid hemorrhage, hysteria and catatonia. Eclampsia should be kept in mind if the patient is a young woman, married or unmarried. Among older adults and old people the incidence of vascular accidents is higher and would have to be excluded before considering infections or neoplasms.

In all age groups epilepsy is prevalent. Diabetes is also seen in all groups but is more likely to be the cause of unconsciousness in younger people. Hypoglycemic coma is often mentioned in books but is rarely seen.

No matter what the cause is, there are a few principles of treatment applying to all these cases. The most urgent symptoms are generally due to shock or difficult respiration or both. This type of patient may have vomited and inhaled mucus, blood, or food particles. One should, then, remove all accessible obstacles to respiration, lift the foot of the bed, aspirate mucus from the throat if necessary, and begin the treatment of shock. If this is done, most patients will not need oxygen. If needed it can be given through a nasal catheter or a mask. The nurse should also know how to give or supervise artificial respiration and how to use a respirator.

The doctor on arriving, or when he has been called on the telephone, will want to know certain facts that the nurse should train herself to note quickly during the first few minutes: the amount of agitation and consciousness; the kind of movements seen in the limbs and on which side; the size and other characteristics of the pupils; the type of respiration and its rate; the smell of the breath; the pulse, the blood pressure, the rectal temperature; the reaction of the patient to noises, pain or other stimuli; whether he is continent or not.

If possible a catheter specimen of urine should be obtained and examined

Dr. O'Neill is on the staff of the Hôpital Général Saint-Vincent-de-Paul, Sherbrooke, Que.

for albumin and sugar. When this is done the nurse will try, by questioning relatives, to get an idea of the most probable cause of unconsciousness in her patient so as to be ready with the drugs and instruments which the doctor will probably need in a hurry. The oxygen tank, supplies of plasma and blood, aspirators and other items indispensable for the treatment of shock and inhalation will be found in all wards or admitting rooms. The experienced admitting room nurse often has the specific treatment or drug ready. Her ability to provide it promptly means that her patient has a better chance to live. For instance, if she has found out that the patient is an epileptic who has inhaled vomited material she will be ready when the doctor decides to do a bronchial aspiration. Knowing that the patient is diabetic she will have insulin, saline solution and glucose available.

A fair knowledge of the treatment and drugs used in medical emergencies is surely an asset. While she is not expected to diagnose or treat those cases, it will surely help the nurse very much and make her work more interesting, if she knows that glucose and adrenalin are used in cases of hypoglycemic coma; insulin, glucose and saline for diabetic coma; lumbar puncture, morphia, digitalis and oxygen in cerebral, vascular and cardiac emergencies; gastric lavage, picrotoxin and strychnine in barbiturate poisoning; suprarenal cortex extracts in other cases.

In the emergency department or admitting room one should be careful not to shower too much attention on the noisy, hysterical or apparently unconscious patient while the quiet, shocked or apparently conscious patient is left neglected. A great deal of hard work and excitement is avoided if the nurse can recognize the hysterical seizure and handle it with the appropriate calm and indifference but can also recognize the need for emergency care in an apparently innocuous faint.

Children, infants, and old people who are or seem to be unconscious are generally very ill and in need of urgent attention. Persons suffering from severe head injuries with confusion may be mistaken for simply hysterical patients. In non-traumatic cases, the amount of moaning and dramatic gestures is generally inversely proportionate to the gravity of the disease. In those cases an intelligent questioning of the relatives or the observation of the patient's own behavior will sometimes give the answer.

Speaking of relatives, their presence in the room is generally a nuisance. Once they have given the necessary information, if they are not needed for the immediate care of the patient, they should be quickly sent away.

To Encourage Happiness

Surely our purpose as doctors and nurses should be to encourage and develop happiness by the exclusion of everything that tends to strangle it. Not merely to fight disease so as to extend life but to make life itself fuller and more abundant. Dr. William Kay wrote as follows in 1844 — over a hundred years ago. Our ancestors — our predecessors in this work — were not unintelligent and their thoughts and their views are worthy of our serious consideration in these unstable days:

"Density of population, imperfect ventilation, deficient drainage, and inadequate supplies of water are undoubtedly, in themselves, conditions most unfavorable to health and fruitful sources of disease. But any inquiry into the physical circumstances affecting the health of the inhabitants of a particular locality or district would obviously be most incomplete did it fail minutely to investigate their habits of life, their occupations, earnings, diet, clothing, and the multiplicity of subordinate but collectively powerful agents, acting upon a population in their individual and social position."

In other words "study how the people live" and there is social medicine — a 100 years ago!

Yes, the opportunity for pioneering is as great today as it has ever been, but we must search for the opportunity and gaze clear-eyed at the problems. In acclaiming new thoughts and ideas we must not discard knowledge obtained through the hard school of experience for, if we do, we put back the clock.

Retrolental Fibroplasia

CATHERINE WILSON

THE ALMOST complete eradication of ophthalmia neonatorum, which a generation or so ago was responsible for about 75 per cent of all blindness in children, is one of the major triumphs of preventive medicine in the last 25 years. Unfortunately, however, recent developments in the care of premature infants have shown an increasing incidence of retrolental fibroplasia — a disease of the eyes said to account for one-third to one-half of blindness in young children today.

CLINICAL FEATURES

Essentially, retrolental fibroplasia is a condition in which vision is impaired through a film growing across the eye behind the lens. It is generally bilateral, usually associated with infants weighing three and a half pounds or less at birth. The film does not appear to be detachable at birth. The means by which the membrane grows are not completely understood but certain steps are known.

There are no signs during the first two or three weeks of extrauterine life. At about the third week ophthalmoscopic examination will show slight dilatation of the retinal vessels and later there is marked dilatation of the retinal veins, with increased twisting of the retinal arteries. As the disease progresses, there are greyish elevations of the retina, and generalized retinal edema. Then the swollen membrane, which was originally the anterior part of the retina, becomes more and more fibrous and fills in the space behind the lens. By contraction of this membrane, detachment of the retina may occur. When the membrane completely fills the space bilateral blindness occurs. If the process is arrested earlier the degree of resulting blindness will depend partly on the extent to which the membrane has covered the retrolental space and partly on the amount of retina detached.

INCIDENCE

The occurrence of the disease has been curiously patchy. In the United States the incidence has been especially high in the northeastern section. In Scotland in July, 1952, there were 32 known cases, more than half of which were in or near Edinburgh. In England the cities of the northwest are most heavily involved. The majority of cases in Canada have been reported from Vancouver. A possibly significant factor regarding the incidence in Vancouver is that out of 15 cases, 13 appeared in one hospital and only two in all the other hospitals.

The main points regarding incidence that seem to emerge from studying many reports are:

1. The incidence is greater in children with birth weights of under three pounds.

2. Cases seem to be numerous where the maternity, child welfare, obstetrical and pediatric services are good rather than where they are poor, though the question of better diagnosis in good areas may be a factor.

ETIOLOGY

Many possible causes have been suggested, including excessive dosage of vitamin A, transfusion of pooled stored blood, excess of iron, deficiency and excess of vitamin E, tension resulting from an unduly high oxygen content. In one investigation, involving nine cases, it was observed that the disease occurred among infants who had poor color and labored breathing as a result of oxygen deficiency, so that their stay in oxygen cots was prolonged.

V. Mary Crosse, M.D., and P. J. Evans, M.D., of Birmingham, England, are of the opinion that the real source of the disease lies in the widening and prolonged use of a high concentration of oxygen in the early life of premature infants of low weight. To support their theory, the writers trace the history and course of the disease in England, where its occurrence is restricted almost entirely to centres with special units for premature babies. They state, too, that "the occurrence of cases has coincided either with the increased use of oxygen in established units or with the setting

up of new units with full facilities for oxygen administration." Figures from two premature baby units are quoted in support of this theory, but their total number of premature infants of under 3 lb. is too small to make this explanation valid without a great deal more evidence. The writers feel that:

> The changes in the retina derive from a preliminary adjustment of the retina to a high oxygen tension whereby the retina loses its ability to accommodate itself to a relative anoxia on removal to atmospheric oxygen, having acquired an inertia of response.

This theory is borne out by the fact that the disease has not been observed while the child is still under oxygenation but only occurs after some days or weeks following his removal to normal atmospheric conditions.

Treatment

ACTH appears to be the only treatment, of the many that have been tried so far, that is effective in preventing the progress of the disease. It causes the arrest of the retrolental process because of its ability to prevent the formation of fibrous tissue.

Prevention

Our main approach is obstetric and must be directed towards the prevention of prematurity. Every ounce that an infant weighs beyond three and a half pounds immeasurably lessens his chance of getting the disease. Apart from this, until we know more about the cause or causes, all measures of prevention and treatment must be regarded as purely experimental.

References

1. Crosse, V.M. and Evans, P. J. Prevention of Retrolental Fibroplasia. *Digest of Treatment*, Nov., 1952, p. 954.

2. Douglas, C. A. and MacQueen, I.A.G. Retrolental Fibroplasia of Premature Infants. *Nursing Mirror*, July 11, 1952, p. 329.

3. Hughes, James G. Pediatrics in General Practice. McGraw-Hill Co. of Canada Ltd., Toronto (1952). p. 66.

4. Ostry, Edward I. Retrolental Fibroplasia. *Nursing Times*, May 3, 1952, p. 436.

Welcome to Tranquille

Mary Rowles, Eva Moody *and* Fay Morton

Improvement in personnel practices has caused those of us associated with administration to take stock of ourselves and to look critically at our plans for reception and indoctrination of new staff. With the continued shortage of nurses, it has been to our advantage to create a good impression! It is essential not only to create an impression but to follow it up with concrete evidence of cooperation with, and interest in the individual. For this reason the orientation program has become increasingly popular and is now considered of sufficient importance to warrant its assignment to a nurse trained for that purpose.

Such a program has been practised by the Division of Tuberculosis Control in British Columbia for some years, with very happy results. Each branch of this Division has its own problems of orientation, some of which, as applied to Tranquille Sanatorium, are to be discussed here.

Tranquille Sanatorium is situated in the interior of British Columbia, about 300 miles from Vancouver, and 12 miles from the city of Kamloops. It is located on the shores of Kamloops Lake, so that, with surrounding hills and the water at one's feet, it is indeed a picturesque spot. Life at Tranquille is as

Our authors are on the nursing office staff at Tranquille Sanatorium, B.C. Miss Rowles is superintendent of nurses, Miss Moody, her assistant, and Miss Morton is head nurse in charge of the educational and orientation program.

View of Kamloops Lake

calm and peaceful as the name implies. For this reason it is sometimes hard to obtain and keep staff, particularly younger nurses who naturally want more activity and companionship. Because of the location it is frequently impractical to arrange a pre-employment interview. This is a drawback as not only is it impossible to estimate the potentialities of the future staff member but it is equally impossible for the nurse to get an impression of the Sanatorium and the community surrounding it. In such a case the preliminary contact is made by letter and we call this the first step in our orientation program. For the purposes of this article the program has been divided into three parts:

1. Pre-employment correspondence, as conducted by the superintendent of nurses: Letters from far and near are received in response to our advertisement in *The Canadian Nurse*. It is hard to give the desired impression to a nurse who is not familiar with the interior of British Columbia, so an endeavor is made to present an adequate word picture in our reply. A description of the locale is given with mention of the following:

Opportunities for riding, fishing, boating, etc.; social activities under the direction of the community entertainment committee — shows, bridge tournament, and dancing; proximity to summer resorts and to Vancouver; and a brief description of the new nurses' residence, with bed-sitting rooms, fully equipped kitchenettes, and land for amateur gardeners.

With this letter is sent an application form and "Outline of position" which gives essential information about salary, hours of duty, days off, vacation, laundry, uniforms, etc.; and a "Plan of principal buildings" — a map designed by a former patient, which gives an impression of the area covered by the Sanatorium buildings. It is hoped that it will soon be possible to enclose a picture to heighten the impression created by the map and a view of one of the bed-sitting rooms.

If the applicant is registered in British Columbia, a confidential report is requested from the Placement Service of the Registered Nurses' Association of this province. Nurses from other provinces provide the names of former employers on the application form and confidential reports are obtained. It is usual to investigate eligibility for registration in British Columbia, although the formalities attending this are some-

times completed at a later date.

After the prospective employee has replied, and if confidential reports have been satisfactory, a letter of acceptance is sent, stating the date and time at which the nurse is to report for duty, and giving information about trains.

We feel that a prompt reply to the applicant's letter is extremely important. Many nurses have complained of delayed answers and even of complete lack of acknowledgement. It may be facetious to recall that "the early bird catches the worm" but a quick and hearty response brings favorable results. No form letters, please! The superintendent needs a nurse, so the time spent on a thoughtful, informative letter is not wasted.

2. *When the nurse has been accepted*, the date and time of her arrival arranged, then the assistant superintendent is notified. The file is passed on so that she may become familiar with the known facts before placing the nurse in the residence and on the wards. In the residence we try to place people of similar background, age, and tastes together, and at the same time to avoid segregation. On the ward the nurse's previous experience, recency of experience, and her age are considered in choosing the head nurse and the ward situation best suited to orienting this particular person.

On arrival the nurse finds in her room a letter of welcome from the superintendent of nurses and is given a second envelope containing helpful material by another staff member who has been assigned as "Big Sister" to the new recruit. The latter contains a mimeographed letter which gives such information as meal hours, telephone regulations, post office and canteen hours, fire regulations, etc., a bus schedule, and sufficient meal tickets to carry the person over the first day. The "Big Sister" will see that the new nurse finds her way to the dining room, knows where the laundry is, and so on. A friendly cup of coffee is usually included in the program. A list of key personnel, giving name and position, is also provided.

3. *For her first day on duty*, the nurse reports at the nursing office at 8:00 a.m. Her first duty is to complete all necessary forms given to her in a folder

The Greaves Building at Tranquille

which also contains Organization Charts of the Division of Tuberculosis Control and of Tranquille Sanatorium; a selection of pamphlets used for patient education; and a copy of the "Handbook on Tuberculosis" by Dr. W. H. Hatfield, formerly provincial director of this Division. After arrangements for uniforms, the nurse is taken on a tour of the institution buildings and grounds. All this period is under the direction of the nurse in charge of orientation and education program. It is a busy day for the new employee but it is a day of learning — review of techniques as practised here, review of the Standing Order Book, and finally an introduction to her future head nurse, who gives a short orientation to the physical aspect of the ward.

On the second morning she goes to her ward accompanied by the nurse in charge of orientation. Her assignment is given and interpreted and she is helped to locate the articles she will require for the morning's work. If necessary, as in the case of an older nurse who has not been engaged in active nursing for some time, she is given help in carrying out her assignment.

Later in the day appointments are made for chest x-ray and for an interview with the superintendent of nurses, who interprets the terms of employment and answers questions which may have suggested themselves by this time.

In addition to the program for nurses, an orientation adapted to their needs is given to nurses' aides and ward assistants. The initial welcome to the residence is the same and the first day similar in most details. Follow-up on the wards is vigilant and an attempt is made to keep interest at a high level.

Comments on this period of orientation are favorable, especially from those returning to active nursing after an absence. We hear such remarks as, "I enjoyed my day yesterday." The other staff members have been most helpful in cooperating with the nursing office. Without their assistance much of its value would be lost. I think they all like to feel that we have a reputation for a "warm welcome."

Precepts for Mental Health

Pay attention: Ability to think of the present task results in mental efficiency.

Cultivate courage: Timidity, fearfulness, lack of self-confidence indicate need of mental hygiene.

Seek self-control: Not by repression of hate, fear, anger, love and other emotions, but diversion of these emotions into other channels through wholesome activity.

Live in the world of people: Avoidance of others, inability to adapt to groups, or lack of thought for others prevents the cultivation of mental hygiene.

Develop serenity: Confusion in work, play and study, conflict of ambitions with achievements, conflict of thoughts and feelings lead to lack of mental health.

Roll your own: Ready-made toys, ready-made music, ready-made thoughts prevent the cultivation of mental hygiene.

Use your mind: The exercise of the mind is as important to mental hygiene as physical exercise is to physical hygiene.

Live life: Escaping from unpleasant situations through evading them, building up defences, or avoiding life is poor mental hygiene.

Keep well: Mental health is related to physical health.

—*Digest of Treatment*, March, 1952.

"All nurses, I think, should give their active support to the International Council of Nurses and to the national associations affiliated to it, and should use all the influence they can command to make their professional organization an important instrument of a world community."

These words were spoken not by a member of the International Council of Nurses, not even by a nurse, but by a professor on the faculty of a British university, addressing an audience on the subject of "The Nurse as a Citizen." They are words which seem singularly apt as we meet here in conference and review our relationships with each other and with nursing at the international level.—*The Nursing Journal of India*, Nov. 1952.

Public Health Nursing

A Nurse in Goldfields

RUTH HARRISON

A FEW MONTHS AGO an article appeared in *The Canadian Nurse* that gave an excellent description of the work done in outpost hospitals in northern Saskatchewan. These hospitals have been established by the provincial Department of Public Health. Since that time a newer project has been started, a nursing station at Goldfields on the shores of Lake Athabaska.

Goldfields was an established mining town in the late thirties but, with the reduction in the value of gold, it became a ghost town about 1942. With the discovery of uranium in this area the homes and buildings once again became useful and a small community sprang to life.

In October, 1951, I was sent north to take over the public health work at Goldfields. The nursing station is a small three-roomed dwelling set among spruce trees. It is equipped with an extra bed and a cot where patients can be cared for in an emergency. The greater part of my nursing care, however, is given in the homes.

In this house there are, of course, no modern conveniences. Light is provided by an Aladdin lamp, heat is produced by wood stoves, but water presents the greatest problem. The house is situated at some distance from the bay and there is a steep climb between here and there. It taxes all my powers of persuasion to induce the local boys to carry water by the pailful to my reclaimed oil barrel which serves as a water tank. I find the "clinging vine" angle quite useless as one is very soon informed that this is "squaw" country. There is one consolation however—when the water gets here it is wonderfully soft. In winter it is possible to melt snow and, with the arrival of summer, each shower finds me dashing about in rubbers and rain coat, placing pails and dishpans where they will catch every possible drop of the precious fluid.

The climate here is remarkably pleasant. Although during the winter the temperature frequently falls to 50° below zero, there is very little wind and each day finds me tramping the little woodland paths that are made by the dog-sleighs and are packed as hard as pavement. When it is necessary to go further afield my means of transport is by airplane or in some cases across the snow-covered lake in the one Pontiac car the town boasts, or by bombardier, a sort of cab-like enclosure on caterpillar wheels.

I have had a number of home deliveries which terminated with a minimum of fuss and complication. It is really astounding to anyone who has spent a number of years in modern maternity wards to note the ease and simplicity with which a baby can be born under most primitive conditions. I am always

Miss Harrison and her nursing station.

interested to find, after a few days, that the infant is swinging in a hammock which is made from a blanket, slung between ropes across the cabin or tent. Every member of the family who passes gives the hammock a small push and the baby snoozes happily. Last Easter Sunday I spent all day with a mother in labor with her fourth baby. As I did not wish to leave her the school teacher brought me lunch and we picnicked on a dry rock overlooking the lake with the cool April breeze blowing over the ice.

I have found it necessary on some occasions to bring young children home to iron out their feeding problems or clear up severe coughs and colds. One member of this group stands out as exceptional. I had him first at about five months of age with a discharging ear, among other things. As he grew to feel better he flatly refused to remain in his cot but insisted on coming out into the living room where he could observe my activities. He was quite happy propped up in pillows on the couch, waving a red rattle. How he loved that rattle! I used to hear it in the night and when he went home he took it with him. I nicknamed him "Tomahawk." He had the straightest hair and the widest grin of any baby I have ever seen. He is a full blood Chippewan. His grandfather, Christoph, is a handsome gentleman who would lead one to believe by his manner and bearing that he had descended from a long line of aristocracy.

Tomahawk and friend

There is no way to express in a short article the fascination I find in working among the Indian people. In this area we have members of the Chippewan and Cree bands and, of course, a large number of Metis. These people themselves have a fine, intangible line of social distinction which it is difficult for an outsider to grasp. For instance I find it hard to understand why the Crees of Camsell Portage refer to the Chippewans in their midst as "those Indians." The white children in the settlement are quite confused by the various distinctions made by their elders. They feel quite at home sliding down hills with the descendants of former savages.

One incident that amused me greatly was of a small white boy who was on friendly terms with the Treaty Indian who "packed" wood and water for his mother. One day when the man came to the door, the little boy opened it and said, "Oh, it's you Andy. I thought you were some old Indian." I have been amused also by the use of the word "packed." Nothing in this country is ever carried. It is *packed.* Canoes are packed—babies are packed.

With the coming of the mining industry into the area and an abundance of labor jobs, the majority of the Indians have abandoned their hunting and fishing for the more lucrative and reliable pursuit of wage earning. Every so often it seems they must return to the woods again. I recently found an old lady out snaring rabbits. She was bored to tears with the diet of canned goods provided by the local stores.

Spring here was something to see. For a period of several weeks the planes were unable to fly for the lakes made unsafe landing fields. It was early June before the ice fields melted and old Athabasca was able once again to wash her waves against the rocky shore. April was a warm and pleasant month and the wild crocuses burst into bloom all over our rocks. Then there was a succession of wild flowers and in July there was an

abundance of wild berries. A squirrel raised a family under my house. Often, early in the morning, she would venture in through a window and I would hear her sharp little nails beating a tattoo on the linoleum.

A new town, Uranium City, is being built now about 14 miles distant. Buildings and places of business are being moved gradually from Goldfields. It would seem that by another season the place will once again become a ghost town slumbering on the bay. Then the squirrels will play freely in and out of the deserted buildings and the wild raspberry will cover the piles of refuse and rock where for a short time there existed a revived community.

In the Good Old Days

(*The Canadian Nurse* — MARCH 1913)

"The question of the overstrain of nurses is a complicated one for, under the most favorable conditions, we have elected to adopt a profession in which strain is the rule rather than the exception. Having deliberately shouldered a heavy burden, we must expect to feel its weight and those who regard nursing merely as an easy means of earning a livelihood, while their real interests — philanthropic, social or frivolous — are elsewhere, had better remain outside the profession. Nursing is a stern and jealous mistress, demanding many sacrifices from those who owe her allegiance. These very facts make it incumbent upon those responsible for organizing the work of nurses to ensure that the burden is eased as much as possible; that, though occasional overstrain is inevitable, it is not constant or necessitated by the conditions of work; and that good food and sufficient time for rest and recreation are ordinarily assured to them."

* * *

"There is a widespread scarcity of student nurse candidates. The most evident reasons for this appear to be the following: The fields of activity open to women are increasing in number and desirability; the number of hospitals has been increasing rapidly . . Valuable results can be obtained from making known to women in high schools and colleges the advantages of the vocation of trained nursing . . . We hold that shortening the length of the course of training or lowering the standards of admission to the training school are retrograde steps."

* * *

"Since 1911 all the probationers, orderlies, maids and cleaners in our hospital (Winnipeg General) have been given the new vaccination against typhoid fever. For the first time in the history of the training school, during 1912, no case of typhoid occurred among the nursing staff."

* * *

"Do not laugh at the proposition that school children shall be exercised in the blowing of their noses in order to circumvent the trifling trouble of adenoids. Nose-blowing drill is a feature of military exercises in Russia. The word of command is given and the blast of a thousand noses splits the air, with never a laugh. It is taken, as it should be, seriously. For the child that little matter is serious and too often neglected for want of instruction."

* * *

"In an attack of gout, we begin by relieving the pain through the calming action of electricity acting on the nervous fibres and thus open the way to the circulation of the deposits of uric acid. The electric fluid, by causing the contraction of the embedded tissues and ducts, will send forth into the circulatory current these noxious urates. Then the electro-calorifics, by stimulating the activity of the skin and kidneys, relieve the system of these toxic products."

In the Clinic the other day we had one of those children who bang their heads on the pillow. This one varied the orthodox symptom by saying "whirr-whirr" as he banged. A colleague reminded us of a recently published article that said it was all due to the child's attempt to regress to the experience of Mum's apex beat, which was associated with suckling. We were sceptical and asked, "Why the whirr-whirr?" The colleague eyed us coldly and replied: "The mother has mitral stenosis, of course."

—PERIPATETIC CORRESPONDENT in *The Lancet*, London.

Institutional Nursing

Measuring up as Matron

MARGARET E. HART, B.SC., M.A.

THIS TOPIC IMPLIES self-evaluation and it is from this standpoint that I shall endeavor to make suggestions. I shall leave it to you to determine how much of the definition of hospital administrator describes what you are expected to do in your hospital. My task is to see wherein the administrator may set up for herself some form of dynamic administration, for she may get very little help from others in this way, although she is expected to evaluate the services of various members of her staff from time to time.

First of all, effective administration probably depends less upon the structure of rules than upon the manner of their interpretation. Goldwater has named the most important single quality in a hospital administrator as sympathy or compassion—the kind that arouses action, that intuitively grasps the meaning of a critical situation, that senses the need of appeasement and eventually does something.*

In any attempt at self-evaluation, the administrator of the hospital must take into account the professed goals of the hospital and the nature and extent of her responsibility with respect to these. Honest attempts at evaluation serve to point up areas which are well developed and areas which need to be strengthened. We may be encouraged and helped to use our day-by-day experiences to increase our ability to secure maximum human satisfaction with minimum expenditure of time, material, and human effort.

* Goldwater, S.S. On Hospitals. Macmillan, Toronto, 1947.

Miss Hart is director of the School of Nursing Education, University of Manitoba, Winnipeg. This paper was contributed at the institute on hospital administration held in Winnipeg.

We assume that everything on earth can be improved and in order to form a basis for change one hospital used the following program:

1. Accept things as they are.
2. Recognize their imperfections.
3. Acknowledge the existing faults.
4. Formulate some plan to correct those faults.
5. Execute that plan.

The purpose in continuous evaluation is to make the hospital the best it can be in spirit, service, program, character, reputation, public relations, equipment and appearance. As a basis for evaluation, a brief statement of the aim of the hospital and the principles of administration follows:

Aim: To provide good care to patients and to maintain and develop a high standard of morale within the hospital staff. This aim includes teaching of patients and staff, research, control of the spread of disease, and the promotion of health as part of good care.

Each hospital board will have certain specific goals in accord with their particular responsibilities in the community.

Principles of administration:

1. The administrator must know what she is trying to achieve. She must be able to break this down into specific details.
2. The aims of the nursing service must be determined and understood so that they may be carried out.
3. Policies must be clearly written and the administrator must be in a position to use good judgment in applying them.
4. Lines of authority must be clear and centralized in one person.
5. The safety and well-being of the patient must be safeguarded by high standards of care.
6. Duties must be clearly defined.
7. Economy of time, energy, and materials must be achieved.
8. Cooperation and coordination of work between various departments are important.
9. Enough well qualified personnel should

be available to carry out the functions of the hospital.

10. Suitable personnel policies must be maintained.

11. Criteria for evaluation must be set up.

These principles are applied in accord with the aim and objectives of the hospital. As a basis for evaluation the following would also have to be considered:

1. Regulations or legal requirements relating to: (a) Hospitals — The Health Services Act; (b) Nursing — Registration Act, Practical Nurse Act, etc.

2. Charter of the hospital and by-laws, etc.

3. Development of standards which relate to hospital services and procedures, including delineation of functions of all classifications of employees, such as: Hospital Nursing Service Manual; guides available from provincial and federal departments, associated hospitals, M.A.R.N., Manitoba Medical Association, and related groups.

4. Creative efforts which contribute to future development:

Reports of studies being carried on in the hospital field. Professional literature. The original thinking of which the matron is capable and the continuous opportunities she has for observation, testing and drawing conclusions should be put to use. There should be suggestions for improved equipment and procedures. Records should be carefully kept.

Previous papers have given some definite suggestions about details of the hospital administrator's job. I should like to encourage flexible thinking in relation to all of these. Try to determine and analyze the essentials of any function, regarding it as dynamic or subject to change.

Evaluation is a continuous and integral part of the day-by-day job. From time to time comparisons are possible and give us a longer range view, enable us to determine relative values, and usual performance of the staff members and the hospital. Particular effort should be made to measure, at stated intervals, the performance of the staff as well as the effectiveness of the hospital and the service it renders, in relation to its philosophy, principles, policies, and functions.

The details of the topics and problems that arise will change but the underlying attitudes, approach, and principles may be used as a solid foundation to help in promoting the development of every member of the hospital staff and those who are closely associated with the administration of the hospital.

What are the characteristics which enable the hospital administrator to accomplish the difficult and exacting tasks which face her? First, there is her native ability and intelligence. Second, there is her basic preparation in nursing. Third, there is her experience in living. These make up individual human resources.

It is a very human response to feel dismayed and insecure at the impact of many new ideas. All we need to do to realize the truth of this is to recall any new venture undertaken. It is inherent for us to anticipate it with fears of varying intensity. As we analyze and attempt to resolve problems contained in that venture, we go through several stages in our attitudes, feelings, and responses. We may start out with a reasonable degree of confidence which is rapidly dissipated as we learn the extent and importance of our tasks. Stability of character, the fundamental qualities and responses which have been strengthened as a result of years of experience very soon come to our rescue and we find ourselves driving toward a resolution of our problems. We learn how to get help and support from those around us. We learn how to find help in the literature. We gain a new perspective, we realize anew that goals are fundamental to progress and that they will always be ahead of us.

Nurses serve as administrators in a great many hospitals in Canada. As we studied the literature we found that doctors are more likely to administer large, tax-supported hospitals, while nurses administer the smaller hospitals. Furthermore, we found in our study that most of the people who administer hospitals have had no formal preparation for this position. They depend upon experience. The wonder is that this job of administration is done as well as it is, for it is only comparatively recently that university programs of study in hospital administration have been developed.

The question then is what are the sources of help in hospital administra-

tion to which the inexperienced nurse may turn? Professional reading, conventions, visits to hospitals and attendance at institutes will probably be the most usual ways of getting help to measure up to this job. A more prolonged period of study at the university would be desirable. There are many current sources of reliable information which are readily available. Hospital journals such as:

The Canadian Hospital
Modern Hospital
Hospitals
Hospital Management
Hospital Trustee

contain a wealth of interesting, up-to-date, and really valuable material. Do not overlook the advertising. The nursing journals such as:

The Canadian Nurse
The American Journal of Nursing

include articles of particular interest to the nurse who administers a hospital.

A service which is available from the Physician's Record Company provides abstracts of reliable articles on hospital administration from various professional journals.

Many books on hospitals and administration are available. Inexpensive and free literature may be obtained also. These are often mentioned and reviewed in the various professional journals.

The Plantar Wart

Plantar warts are unlike all others in that they are invariably painful and occasionally disabling. Often there are periods of activity followed by intervals of quiescence. While seldom the cause of incapacitation, improper treatment may result in such a state. Recurrences may follow all standard types of therapy.

It is important to recognize the different types of plantar warts:

1. The *solitary* or common variety is easily recognized as a hard, yellowish or grayish lesion, imbedded in hyperkeratotic tissue, surrounded by a central soft core stippled with numerous "black pepper-like" dots.

2. *Multiple* warts are more common.

3. *Infective*. These are multiple, small, bilateral, and not especially painful. They usually appear suddenly.

4. *Mother-daughter* type. This consists of a typical plantar wart surrounded by one or more small vesicle-like lesions. The daughter lesions are usually within a centimeter of the mother wart. Treatment directed to the primary wart often results in disappearance of the satellite warts.

5. *Mosaic* warts are suggestive of flat juvenile warts and occur on one or both feet in a map-like arrangement. They are not painful. Hyperhidrosis is often present in this type of plantar wart. They are not radiosensitive but respond to salicylic ointments or plasters.

Any of these warts may appear over points of pressure. The commonest sites in order of frequency are the head of the second metatarsal, the head of the first metatarsal, the plantar surface of the great toe and the heel.

There is no specific treatment for warts. Any therapeutic measure which produces scars is undesirable because scars on the weight-bearing areas of the sole may be permanently painful. X-ray therapy in the hands of experts produces more cures with less inconvenience to the patient than any other method. Irradiation is the preferred treatment in diabetics and in arteriosclerosis of the extremities where surgical excision might be followed by delayed healing or infection.

Sociology with a New Look

At Mercy College of Nursing, San Diego, California, classes in sociology have become an integral part of the students' experience. It is an attempt to help the student see her patient as a human being, rather than as a case or a disease. The course is divided into 32 hours of lectures and 16 hours of laboratory or field work. There is discussion of cultural backgrounds, social changes, reasons for change, and contemporary social problems.

Various specialists describe their particular field and its place in the social order. The city prosecutor and a municipal judge explain the problems and prevention of local crime and among other topics are: illegitimacy, alcoholism, drug addiction, the vagrant, venereal disease, the physically handicapped, and many other current problems. An authority presents the facts and helps the student evaluate her part, both as a citizen and as a nurse, in relation to each social problem discussed.

—*American Journal of Nursing*, Nov. 1952.

Aux Infirmières Canadiennes-Françaises

Le Nursing du Prématuré

Z. OPPLIGER

LE PREMATURE EN ISOLETTE

(*Suite de l'édition de février*)

Soins journaliers du prématuré dans l'isolette, 24 heures après la naissance: Il est bien entendu qu'avant tout soin au prématuré, l'infirmière doit se laver les mains et les avant-bras à l'eau et au savon et, en plus, les désinfecter dans une solution au Dettol à 5%, les essuyer à l'aide d'un essuie stérile. Les ongles doivent être coupés à ras.

Voici les soins à donner:

1. Soins des yeux au collyre si nécessaire.
2. Soins du nez et oreilles avec fines cigarettes d'ouate stérilisée, imbibées d'huile.
3. Si bébé a une selle, enlever très doucement les souillures de méconium à l'aide d'ouate et d'huile stérilisée. Les déchets d'ouate sont déposés dans le baquet réniforme.
4. Prise de la température rectale.
5. Se désinfecter les mains après les soins.
6. Peser le bébé dans l'isolette, le mesurer avec la réglette en plexiglas (désinfectée au désogène auparavant).
7. Vérification complète de l'état de la peau.
8. Toilette complète à l'huile et, pour finir, soins du cordon.
9. Nous mettons toujours un petit lange stérile en triangle 14 x 14 pouces. Nous avons remarqué que si on laisse le prématuré sans lange, on retrouve des matières fécales un peu partout — aux pieds, jambes, siège, même parfois aux mains. Ceci nécessite un nettoyage supplémentaire de la peau si délicate du prématuré, chose à éviter. Enfin, l'urine souille les parois de l'isolette et se répand dans l'appareil.

Le prématuré est couché sur son matelas en caoutchouc mousse recouvert de toute part d'une fine toile de plastic sur laquelle on dépose toujours un lange stérile. Pour que la tête et les pieds ne touchent pas les parois de l'isolette, nous mettons des rouleaux d'ouate entourés de langes stériles. *Si les soins sont donnés à la perfection, le prématuré ne doit présenter ni rougeurs, ni boutons.*

La température sera prise avec un thermomètre spécial partant de 28 à 40° C. Ce thermomètre doit se trouver, les premiers jours, hors de l'isolette, afin d'éviter qu'il ne marque la température intérieure de l'appareil.

La température rectale sera prise toutes les six heures jusqu'à ce qu'elle se maintienne à 36-37°C. Le thermomètre doit être individuel et tremper dans une solution de désogène à 5%.

La température intérieure de l'isolette varie selon le poids du prématuré:

36-37°C. pour 900-1,000 gm. (6 mois).
35-36°C. pour 1,000-1,250 gm. (6½ mois).
33-35°C. pour 1,250-1,500 gm. (7 mois).
30-33°C. pour 1,500-1,800 gm. (7½ mois).

Le degré d'humidité est aussi à surveiller. L'humidité sera d'autant plus forte que le prématuré est petit (réglage entre 50 et 90%). En cas de déshydratation, le degré d'humidité doit être augmenté.

Pour un prématuré venant de l'extérieur en hypothermie (30 à 32°C. température rectale), la chaleur de l'isolette doit augmenter progressivement de 32 à 36°C., afin de lui permettre de s'adapter à l'ambiance. Dans ce cas, la température du bébé sera prise toutes les trois heures.

Tous les prématurés qui naissent et qui sont soit en isolette, soit en chambre couveuse, reçoivent automatiquement de l'oxygène.

Tableau du début et du pourcentage continu d'oxygène:

4 litres/minute soit une atmosphère d'oxygène à 50%.

Reproduit de *l'Infirmière* (oct. 1952), organe de la Fédération Nationale des Infirmières Belges. *L'Infirmière* doit cet article à l'obligeance de l'Oeuvre Nationale de l'Enfance. Mlle Oppliger est monitrice de la Maternité Universitaire de l'Hôpital St-Pierre, Bruxelles.

2 litres/minute soit une atmosphère d'oxygène à 30%.

L'Alimentation du Prematuré

Cette question est l'une des plus importantes et des plus délicates ayant trait au prématuré.

A partir de la naissance, le prématuré est soumis à un jeûne total allant de 36 à 48 heures. Le but de ce jeûne est de laisser éliminer les œdèmes. De plus, il s'agit d'éviter les troubles respiratoires qu'une alimentation précoce provoquerait.

Le pédiatre calcule le régime suivant le poids du bébé:

160 gm. par kilo de 1,000 à 2,000 gm.

180 à 200 gm. par kilo à partir de 2,000 gm.

Exemple — Un prématuré de 2,000 gm. reçoit le dixième jour 400 gm. de liquide réparti en huit repas, sa ration de départ sera de 40 gm. répartis en huit repas (heures 2, 5, 8, 11, 14, 17, 20, 23).

Le pédiatre prescrit soit du lait maternel écrémé et enrichi de protéines ou babeurre en poudre, en ajoutant des malto-dextrines.

Au début, la concentration du babeure est de 6% + 3% de sucre nutritif pour arriver progressivement à 10 et même 12% de babeurre + 6% de sucre nutritif. Ces chiffres peuvent paraître énormes mais le prématuré doit avoir un régime riche surtout en protéines et moins riche en graisse.

Chaque prématuré reçoit le régime qui est adapté à ses besoins et à son état.

L'Alimentation a la Sonde

Se pratiquera:

1. Pour tout prématuré de moins de 1,800 gm.
2. Pour tout nouveau-né débile ou présentant des troubles respiratoires.
3. Pour tout nouveau-né présentant une malformation congénitale du tube digestif (bec de lièvre, gueule de loup, etc.).

Technique de l'Alimentation a la Sonde

Il est bien entendu que les soins sont toujours donnés *avant* que le prématuré ne soit alimenté.

Preparation du Materiel

Sur un plateau on mettra:

Les sondes de Nelaton stériles no. 8 à no. 10.

Une seringue du Dr. Janet ou une seringue Luer ou Record (stérile).

Un thermomètre à minima (gradué de 0 à 100°C.) trempant dans un bocal d'eau bouillie. Celui-ci étant recouvert d'une compresse stérile.

Dans une compresse, des tampons de gaze stérile.

Une bouteille d'eau stérile, une bouteille de paraffine stérile, un récipient d'eau chaude contenant le biberon.

Technique — Se laver et désinfecter les mains. Changer le prématuré. Se relaver les mains. Mettre une petite serviette stérile sous le menton du bébé. Celui-ci est couché sur le dos.

Préparation du repas:

1. Mesurer la température du lait maternel ou du babeurre (le lait maternel à 40°C., le babeurre à 38°C.).
2. Enlever le piston de la seringue et le déposer sur la compresse stérile.
3. Obturer avec le tampon stérile l'embout de la seringue, à l'aide de l'index de la main gauche. Verser le lait dans la seringue.
4. Glisser le piston dans la seringue, bien serrer le tampon sur l'embout.
5. Retourner la seringue (l'embout vers le haut) et chasser l'air avec le piston après avoir ôté le tampon qui recouvrait l'embout.
6. Déposer la seringue sur la compresse stérile (le tout doit se trouver à main droite).
7. Prendre la sonde de Nelaton dans la main droite (on peut la mouiller avec de l'eau stérile si nécessaire).
8. De la main gauche, abaisser le menton du bébé vers la poitrine, regarder si la langue est bien descendue (souvent elle reste collée au palais).
9. Introduire rapidement de 10 à 15 cm. la sonde, par la bouche.
10. Fermer la bouche.

A ce moment, le bébé a parfois envie de rejeter la sonde par mouvements réflexes. Attendre un instant et voir: (*a*) si la coloration de sa figure reste normale; (*b*) si le bébé respire bien et ne tousse pas.

11. Puis adapter la seringue à la sonde et injecter doucement le lait.

On maintient la sonde de la main gauche, près de la bouche du bébé, entre l'index et le médius. Le petit doigt maintient son menton, pour éviter qu'il n'ouvre la bouche. La seringue est tenue de la main droite.

12. Quand le lait est injecté, retirer la sonde d'un geste précis et rapide tout en la pinçant, afin de ne pas répandre du lait le long de

l'œsophage et dans la bouche.

Pour les petites rations du début (5 g), il faut tenir compte de ce qui reste dans la sonde quand on retire celle-ci, soit d'après notre expérience environ ¾ à 1 cc. Il faut donc mettre 1 cc. en plus de la ration prescrite. Après 24 heures, l'enfant aurait été frustré d'environ 10 gm., ce qui, pour un prématuré, a son importance.

Rincer immédiatement la sonde et la seringue sous l'eau courante.

13. Vérifier continuellement l'aspect du bébé. Observer s'il est calme, sa coloration et s'il ne vomit pas. Tourner, bien entendu, la tête sur le côté, soit droit ou gauche, selon l'heure. Ensuite stériliser et ranger le matériel.

Si on alimente au babeurre, verser un peu de paraffine stérile sur le piston de la seringue, celui-ci glissera mieux. Il existe dans le commerce des seringues Luer de 50 cc.

La longueur d'introduction de la sonde variant d'un prématuré à l'autre. Le Dr. Hess préconise à cet effet la méthode suivante: distance de la racine du nez jusqu'à l'appendice xyphoïde en passant sur le nez. Pour ce procédé, on utilise un mètre ruban, préalablement désinfecté et réservé à cet usage.

L'alimentation à la sonde n'est pas compliquée. Si l'infirmière est expérimentée, elle arrive à une telle dextérité qu'elle sent lorsque la sonde est dans l'estomac. L'enfant est calme et ne régurgite ni ne vomit.

Dangers de l'Alimentation a la Sonde

Dès que le bébé devient bleu ou tousse, retirer immédiatement la sonde. Celle-ci a pénétré dans le larynx et du lait pourrait entrer dans les poumons.

Les sondes, seringues, biberons, thermomètres doivent être d'une asepsie rigoureuse, sinon il y a danger d'entérite et de muguet.

Quand faut-il cesser l'alimentation a la Sonde?

Le prématuré grossit bien, devient plus éveillé, ses cris sont forts. Quand on lui met la sonde, il fait de petits mouvements de succion.

L'alimentation au biberon doit se faire progressivement. Si le premier biberon a été bien pris, on continuera dans les jours suivants à supprimer progressivement l'alimentation à la sonde.

Les Vitamines

A l'inverse du nouveau-né à terme qui vient au monde avec une réserve de vitamines suffisante pour le premier trimestre de vie, le prématuré souffre d'une carence vitaminique sérieuse, surtout en vitamine K. Pour cette raison, les pédiatres font administrer régulièrement les vitamines A, B, C, D; de plus, les prématurés reçoivent la vitamine K pendant les trois premiers jours.

En cas de formule sanguine déficiente, le pédiatre prescrira du fer. Celui-ci sera donné soit par injection sous forme de cacodylate de fer soit du protoxalate de fer per os.

Le prématuré ayant atteint 1,800 gm. sera transféré à la chambre couveuse. A cet effet, quelques jours avant sa sortie de l'isolette, on diminuera progressivement le débit d'oxygène — c'est-à-dire, de 11 heures à 11 h. ½ et de 17 heures à 17 h. ½. Le débit est interrompu pendant une demi-heure au cours de laquelle le bébé est constamment surveillé.

Avant son transfert à la chambre couveuse, le bébé est habillé; chemise, brassière, chaussons, maillot et bonnet sont stériles. Le berceau sera chauffé d'avance. La température de la chambre couveuse est de 28°C. L'enfant mis dans le berceau, la bouillotte est retirée et remplacée par un léger duvet.

D'après la vitalité et le comportement, le pédiatre jugera de l'opportunité du transfert à la nursery de présortie qui se fait vers 2,200 gm. Le bébé y restera jusqu'à ce qu'il ait atteint le poids de 2,800 à 3,000 gm.

Les Soins Speciaux

Les piqûres — Elles doivent être pratiquées avec la plus stricte asepsie. L'endroit qui convient le mieux chez les bébés, comme chez les prématurés, est la région située sous l'épine de l'omoplate. Dans les cuisses et lombes, l'injection est plus douloureuse et, de plus, cette région se souille trop par les urines.

On utilisera des aiguilles fines pour l'injection hypodermique, à biseau long, en état impeccable et *souvent remplacées*.

Comme le prématuré n'a pas de graisse, très peu de muscle, on est forcé d'injecter les produits en sous-cutané profond.

L'emploi de seringues et aiguilles sèches est obligatoire pour tous les médicaments (à défaut de poupinel, ébullition dans de l'eau distillée). Ne jamais employer de seringues et aiguilles trempant dans l'alcool.

Après la piqûre, appliquer une compresse stérile sur la région désinfectée. Dans la chambre couveuse, le prématuré est revêtu d'une chemise stérile (la compresse peut glisser).

Pour la désinfection de la peau, on prendra le mercurochrome aqueux. L'éther ne peut être employé dans l'isolette à cause de l'odeur qu'il dégage.

Soins en Cas de Cyanose

Le pédiatre fait donner, dans ce cas de 1 à 4 cg. de caféine en 24 heures. Si la crise de cyanose suit les premières heures après la naissance, on fait aussi des aspirations pharyngées. Le débit d'oxygène sera augmenté à 4 litres/minute.

Soins en Cas de Boutons

Il peut arriver qu'un enfant, venant de l'extérieur et n'ayant pas reçu les soins d'asepsie suffisants, présente dans les 24 heures suivantes des boutons. Les pédiatres nous font attoucher la région et les boutons à l'alcool iodé 3% et saupoudrer d'astreptine.

Certaines infirmières expriment ces boutons et provoquent ainsi des abcès et furoncles. Il est donc instamment recommandé de ne jamais pousser ni vouloir exprimer un bouton; on traumatise ainsi les tissus environnants.

Si nous préconisons si fortement la toilette à l'huile chez les prématurés, c'est parce que, depuis de longues années, l'expérience nous a prouvé que chez ceux-ci la peau, étant si délicate, il serait illogique et antiphysiologique de les laver à l'alcool ou à l'eau et savon.

Il est bien entendu qu'il ne faut pas enduire le prématuré d'huile mais le laver légèrement.

Quelle Huile faut-il Prendre?

La meilleure est l'huile d'olive ou d'arachide ou d'amande douce. La paraffine et la vaseline sont des matières minérales qui ne peuvent servir, car elles sont irritantes. Il faut environ 20 gm. d'huile par toilette. La bouteille sera bien bouchée, à l'abri des poussières. L'huile ne doit pas être stérilisée.

Si, dans les grandes maternités ou hôpitaux, on emploie l'huile provenant de bidons en vrac, parce que le prix est plus avantageux, il faut s'assurer que les bouteilles et les entonnoirs qui ont servi à la manipuler sont rigoureusement aseptiques, sinon une stérilisation à l'autoclave est indispensable. Il est donc préférable de l'acheter au litre. Il ne faut que 20 gm. d'huile par jour; pour préserver la santé des petits, ne peut-on faire cette dépense?

Lavements

Il arrive que le prématuré évacue difficilement le méconium. Dans ce cas, on lui fait un petit lavement avec une solution saline de 8½%. On se sert d'une fine sonde de Nelaton no. 8 et d'une seringue Luer de 20 centimètres cubes. La solution saline (stérile) est tiédie. On injecte 5 à 10 cc. de liquide à très basse pression. La sonde et seringue sont bouillies après emploi.

La Surveillance Medicale

Outre la surveillance médicale régulière, le prématuré est examiné par des spécialistes au point de vue oculaire, etc. La surveillance sanguine se fait régulièrement et le médecin pédiatre fait, si nécessaire, de petites transfusions en cas d'anémie.

Les infirmières doivent, de leur côté, observer le moindre détail, l'annoter, conserver les selles si elles ne sont pas normales.

Les rapports doivent être tenus à la perfection aussi bien de jour que de nuit. Le personnel infirmier doit travailler impeccablement et jouir d'une santé parfaite. Si l'infirmière ou l'accoucheuse ne se sent pas bien, début de rhume, grippe, ou si elle fait un début d'infection dermique, elle doit immédiatement prévenir l'infirmière-chef. Les masques et blouses seront impeccables.

L'Entretien de l'Isolette

L'infirmière prépare chaque matin une solution de désogène à 5% ainsi qu'un linge stérile. Elle nettoie les parois intérieures et la toile de plastic du matelas journellement. Les parois ex-

térieures et les manchettes de plastic sont lavées puis séchées. (Les manchettes sont lavées trois fois par jour.)

L'infirmière veillera également à ce que l'humidificateur ne soit jamais dépourvu d'eau distillée. On surveillera aussi le travail et l'état de santé de la servante qui assume l'entretien de ce secteur. A la sortie du prématuré, l'isolette est complètement désinfectée et aérée. On remet des linges stériles afin que tout soit prêt pour le suivant.

(*La suite au prochain numéro*)

Book Reviews

Essentials of Nutrition, by Henry C. Sherman and Caroline Sherman Lanford. 454 pages. The Macmillan Co. of Canada Ltd., 70 Bond St., Toronto 2. 3rd Ed. 1951. Price $4.25.

Reviewed by Christina M. Robertson, Director of Dietetics, Royal Jubilee Hospital, Victoria.

The aim of the authors is to explain nutrition clearly and simply, in order that younger people will not become confused. Today many scientific words have become part of everyday speech, so the chapters bring to the reader a straightforward explanation of the scientific knowledge of nutrition.

The book deals with what the body does with food, how to meet energy needs of the body, an explanation of all the essential nutrients required, and a discussion of the characteristics of the so-called "food groups." The section of the book concerning the vitamins, although well written, is lengthy and so could have been effectively summarized in order to clarify the various aspects of this group.

The suggested readings listed at the end of the chapters would be of definite use to the teacher or student should she be asked to pursue any one topic. This book will be valuable to those who teach and contact lay persons, in that it gives us words to explain the more scientific terms in common usage. Also the last chapter concerning nutrition policy, written in definite terms of U.S. facts, should stimulate Canadian readers to search the Canadian nutrition policy.

The Special Diet Cook Book, by Marvin Small. 511 pages. Ambassador Books Ltd., 1149 King St. W., Toronto 3. 1952. Price $3.50.

From every side, the people who range from pleasantly plump to definitely obese are being bombarded with warnings of the dire consequences to their health of this superfluous weight they are carrying around. When the warnings eventually sink in and a reducing diet is initiated (under medical supervision, of course) the ardent slimmer's spirits are quenched by the long vista of dull, uninteresting, small meals.

In response to the moans of the large army of would-be dieters, this special recipe book will come as a godsend. There are nearly 175 pages of recipes to help enliven a meal yet provide a minimum of calories. There are pages of line drawings illustrating the caloric content of stated amounts of common foodstuffs. The material is slanted particularly to non-professional people so will be readily understood by them. It will prove most useful to those who are endeavoring to provide or secure attractive, low-calorie meals that are satisfying.

While assistance with the reducing diet is, perhaps, the commonest problem, there are numerous recipes here for other forms of diets — low sodium, high residue, bland, low cholesterol, diabetic and high calorie.

Nurses Handbook of Obstetrics, by Louise Zabriskie, R.N. and Nicholson J. Eastman, M.D. 695 pages. J. B. Lippincott Co., Medical Arts Bldg., Montreal 25. 9th Ed. 1952. Price $4.75.

This ninth edition of a nursing classic maintains the high quality we have come to expect of this book. Several improvements have been made, both in the contents and format. The new layout is both pleasing to the eye and easy to read, the illustrations, as in previous editions, being of high quality and plentiful enough, for complete clarity. The inside covers have been used to advantage for reference tables, converting pounds and ounces to gram equivalents, centigrade to Fahrenheit, and a vivid illustration of cervical dilatation.

(Continued on page 208)

Nursing Profiles

Jeanne Bertrand is now the assistant secretary-registrar of the Association of Nurses of the Province of Quebec. Born and educated in Ontario, Miss Bertrand is completely bilingual—a great asset in the new work she has undertaken.

Following graduation from the Ottawa General Hospital, Miss Bertrand joined the staff of the Victorian Order of Nurses for Canada working in several centres before taking charge of the Lachine branch. Since 1949 she has been with the health department in Westmount, Que. Miss Bertrand holds her certificate in public health nursing from the University of Montreal. She enjoys reading, music, and plays when her working day is done.

Garcia, Montreal

JEANNE BERTRAND

Helen Talpash is director of nurses at the new Swift Current Union Hospital in Saskatchewan that was opened in June of last year.

Born in Moose Bay, Man., of Austrian descent, Miss Talpash has had a busy life in nursing since she graduated from Misericordia Hospital, Winnipeg, in 1942. Her first four years were spent as night supervisor at her own hospital. Then she turned to clinical instruction and supervision for two years. In 1948 she became assistant director of the school of nursing there.

Membership on the Board of Examiners, later on the executive of the Manitoba Association of Registered Nurses gave Miss Talpash an insight into the problems confronting professional nursing. She is well aware of the staffing situation in smaller hospitals which will be an advantage to her in her new work.

Off duty, Miss Talpash enjoys a varied fare of cultural and social activities, ranging from classes in public speaking, music appreciation, and interior decorating to bowling, swimming, and bridge.

Harold K. White, Winnipeg

HELEN TALPASH

Edna Harriette Felsing has returned to the hospital from which she graduated in 1938 — the Victoria Public Hospital, Fredericton, N.B. — as director of nursing service and nursing education. In the interval she has secured her certificate in pediatric and orthopedic nursing at the Children's Memorial Hospital, Montreal, her certificate in teaching and supervision from the McGill School for Graduate Nurses and latterly her Bachelor of Nursing degree from the same university. For eight years she was educational director and science instructor at Jeffery Hale's Hospital, Quebec City. Miss Felsing feels her choice of reading matter may sound dull to others but she thoroughly enjoys non-fiction. Skiing provides her outdoor pleasure when there is snow and time permits.

R. Mildred (Meyer) Hall has been appointed editor of *Nursing Outlook* and **Olga Weiss**, associate editor, according to an announcement by the American Journal of Nursing Company, publishers of the new official publication of the National League for Nursing.

Mrs. Hall, with a distinguished background in the fields of education and public health, is especially well qualified for her new assignment. She received her nursing school diploma and certificate in public health nursing from Marquette University College of Nursing in Milwaukee, Wisconsin, a bachelor's degree from Teachers College, Columbia University, and a master's degree in public health from the Harvard School of Public Health. She was formerly supervising nurse with the West Milwaukee Health Department and acting director of the Hackensack (New Jersey) Visiting Nurse Service. Since 1949 she has been an assistant professor of public health nursing at the University of Pennsylvania.

In addition to her work in education, Mrs. Hall has been an active member of several professional organizations and has served on local and state committees for legislation, structure, and counselling. She has always been equally active in community and church activities.

Miss Weiss assumes her responsibilities with an equally impressive background. She is a graduate of the Philadelphia General Hospital School of Nursing and holds a bachelor's and a master's degree from the University of Pittsburgh. Her studies were augmented by postgraduate work in psychiatric nursing at the Menninger School of Psychiatric Nursing in Kansas and at the University of London, England. She has practised in Pennsylvania, Kansas, and served four years in the Army Nurse Corps being separated from service with the rank of Captain in 1946. Prior to her new appointment, Miss Weiss was a member of the staff of the University of Pittsburgh in the Western Psychiatric Institute and Clinic.

Van Dyck, Montreal

EDNA H. FELSING

Miss Weiss was the winner of the first Mary M. Roberts Fellowship in Journalism in 1950 and is author of many interesting articles on the needs and care of the psychiatric patient that have appeared in both lay and professional publications throughout the country. A number of these articles have been translated into Spanish and Italian for publication abroad.

In Memoriam

Bertha Jane Broeser, a graduate of Ann Arbor Hospital, Michigan, died on January 6, 1953, in Toronto, where she has resided since 1938. Born near London, Ont., Mrs. Broeser served as head nurse at the Leaside Blood Donors' Clinic during World War II.

* * *

Alice Elizabeth (Nelson) Dougherty, who graduated from the Royal Victoria Hospital, Montreal, in 1909, died in Montreal in January, 1953, following a long illness.

Dorothy (Ward) Enright, who graduated from St. Joseph's Hospital, Saint John, N.B., in 1924, died there in December, 1952. Prior to her last illness, Mrs. Enright had been engaged in industrial nursing in Saint John.

* * *

Agatha Gamble, who graduated from St. Michael's Hospital, Toronto, in 1910, died on November 12, 1952. She served overseas as a nursing sister during World War I, receiving the Royal Red Cross for meritorious service.

Kathleen (Telford) Hodder died in Toronto on December 11, 1952, at the age of 61, after a long illness. Graduating from a hospital in England, Mrs. Hodder served in France during World War I, being awarded the Croix de Guerre.

* * *

Ethel Margaret Margetson, a London-born overseas nursing sister, died in Vancouver on December 20, 1952, at the age of 77. At one time Miss Margetson was employed in the surgical dressing department of the Vancouver General Hospital.

* * *

Susan (Vrooman) Thomson, who was a member of the first class to graduate from the Moose Jaw General Hospital, Sask., in 1909, died in Moose Jaw on December 8, 1952, at the age of 75.

* * *

Elsie May Uens was killed when her car struck a train at a level crossing near Coldwater, Ont., on January 9, 1953. During World War II Miss Uens served with the Wrens, entering training at the Women's College Hospital, Toronto, in 1947. Following graduation, she qualified for her public health nursing certificate at the University of Toronto. She was on calls in connection with her work in the Muskoka area when the fatal accident occurred.

BOOK REVIEWS

(Continued from page 205)

The newly added chapter on prenatal planning includes explicit directions for the "exercises for natural childbirth," well illustrated with line drawings. There is also material suitable for mothers' and fathers' classes and a list of suggested reading at the end of each chapter. In response to the increasing demand for help in planning prenatal classes, the chapter on Teaching Aids supplies a basis from which teaching outlines can be planned. The whole emphasis of the chapters on the prenatal period is on normal physiologic reactions to pregnancy and the vital need for good care during this period.

A reliable text since its first edition in 1929, this book has lost none of its quality in successive printings. Its information is still sound, scientifically accurate, complete, and its thinking adjusted to the changing concepts of obstetrical care.

Personnel Administration — A Point of View and a Method, by Paul Pigors and Charles A. Myers. 614 pages. McGraw-Hill Co. of Canada Ltd., 253 Spadina Rd., Toronto 4. 2nd Ed. 1951. Price $6.95.

Reviewed by Dorothy M. Percy. Chief Supervisor of Nurses, Civil Service Health Division, Dept. of National Health and Welfare, Ottawa.

At first glance this book might seem to apply more aptly to problems encountered in office and factory than to those in the nursing school or the public health nursing agency. Is it not true, however, that in this special area of interpersonal relations where ground has been broken for us by other disciplines, we are seeing more clearly the connecting thread, linking common approaches to common problems?

One of the strengths of this particular book would appear to lie in the philosophy of the authors, faithfully reiterated throughout, that personnel administration is not a thing apart but an integral component of the management function — in short, "a point of view and a method."

"Good management has always meant getting the cooperation of other human beings. Reduced to its essence, good management means getting effective results with people." Again, as a chapter heading, the authors quote another authority: "Management is the development of people, not the direction of things. Management *is* personnel administration." Simply and effectively the authors, (respectively professor and associate professor of Industrial Relations, Department of Economics and Social Science, Massachusetts Institute of Technology), proceed to show us how this may be worked out in practical settings.

The book is divided into two parts. Part I deals with the nature of personnel administration, the handling of personnel problems, the diagnosis of organizational stability, and the building and maintenance of work teams. This section has much helpful material on recruitment, selection, placement, induction, training, rating, promotion, interviewing, techniques, etc.

Part II is a solid block of illustrative case

(Continued on page 214)

Trends in Nursing

I.C.N. Congress — July 13 to 17

ARRANGEMENTS for the Congress in Brazil are moving ahead quickly now. At the time of writing, early January, there have been 40 inquiries at National Office concerning travel arrangements for this very intriguing trip. Brochures have been sent out to all of the provinces describing three tours which may be taken in conjunction with the Congress. Tour No. 2 — "Around South America" by plane — should make everyone feel that that money tucked away in the bank for something "special" would be well spent for just this purpose. And, what is more, it can be done in that four weeks' vacation of yours. Why not write to your provincial office or to Mrs. Clerk at *National Office, C.N.A., 1411 Crescent St., Montreal 25,* for an application form and additional information? It does not commit you to anything.

Recently we have been listening enthralled to tales of South America as told by a Canadian couple who spent ten years there. Their descriptions of the beauties of the country were as enthusiastic as those of a tourist at Banff.

The School Cap

Can you imagine what life as a "probationer" would have been like without that nagging worry that you might not "get your cap"? Can any instructor not dream of the happy time when students will work hard to learn about good nursing rather than just to get past that awful day of acceptance into or rejection from the school of nursing? Several schools are now allowing their students to wear the full school uniform, including the cap, immediately they start their ward practice. This procedure was carried out in the Demonstration School at Windsor with satisfactory results.

It does seem to be breaking down some of our traditions but, at the same time, were old customs not modified when many schools allowed their students to wear white shoes and stockings? Our own memory of the great glory of being a "grad." was in giving our black shoes to a worthy cause, our tattered black stockings to the rubbish heap, and stepping forward in glistening white. It has not hurt us to share this privilege with the students. Can you remember when short sleeves were rather looked down upon as being unprofessional? Better to dabble our cuffs in bath water than to show our elbows! We did adjust to the change and now anyone working with patients feels as if she were in street clothes if her uniform has long sleeves.

In protecting our new students from that feeling of being different, without a cap and not yet a nurse, we may be on our way to applying some of that mental hygiene we discuss so much.

Making Use of Canada's Facilities

On a recent trip to Ottawa for discussion of pamphlet material we had the privilege of meeting many of the staff of the Department of National Health and Welfare. Dr. Cameron, the Deputy Minister and a most interesting conversationalist, generously gave an hour of his time and showed a keen interest in nursing affairs. We were able to have several hours in the Research Division with Mr. Willard, Mr. Josie, and Mr. Walker. The latter two were still spending a great deal of time analyzing the results of the Head Nurse Study.

Until one can actually see the punch cards on to which all the data is now being transferred it is impossible to estimate the magnitude of the work. Each card represents a 15-second interval and shows what the head nurse was doing during that period, in what area of her work it lay, and many other details. These cards will make it possible for a research expert to pick out rapidly all the intervals that the head nurse spent carrying out any particular activity. From these it will be possible to calculate, for example, the exact time she spent in non-nursing duties or, on

the other hand, doing actual nursing. One conclusion we came to was that, without experts to analyze the data, time studies may be wasted and may, perhaps, present entirely incorrect statistics.

We spent a morning with Mr. Young, editor of *Canada's Health and Welfare* and the guide for our revision of "What You Want to Know About Nursing." It was amazing to find such genuine interest in nursing in all members of the Division and rather disconcerting at times to have to give a considered reply to some of the searching questions that were asked — "What is being done now to stimulate the recruitment of students to schools of nursing?" "If a great recruitment campaign was instituted, could the present schools of nursing in Canada absorb all the applicants?" "How is the two-year program working out?" These are just a few of the questions which were posed. We of the C.N.A. are certainly not alone in our search for a solution to the problem of the continued short supply of nurses.

In addition to all this we spent some time talking to Miss Dorothy Percy, chief supervisor of nurses, Civil Service Health Division; Miss Mildred Walker, senior nursing consultant, Industrial Health Division; and Miss Evelyn Pepper, nursing consultant, Civil Defence Health Planning Group. Each of these very busy women, aside from their official duties, works eagerly to keep good nursing on the map and, whenever possible, tries to interpret the ideals of the C.N.A. They are always ready to help nurses anywhere in Canada and truly have the national point of view.

Banff

What are you doing about the 1954 Biennial? Having reduced your bank accounts and, shall we say, not reduced your figures over Christmas, now is the time to build up the former and whittle down the latter. A bank account responds quite delightfully to a diet of regularly deposited savings and will be most cooperative about getting you to Banff in '54 if you continue to feed it. The Alberta people are champing at the bit to show you cowboys and Oil Wells (always capitalized and pronounced with suitable respect). Perhaps you already have a favorite Oil Well and would like to visit it to see how it produces or why it does not produce. In any case, do not delay — budget for Banff!

Help Wanted

There must be many new trends in nursing with which we should all be familiar but which do not seem to come to light. We would greatly appreciate any suggestions from nurses who are setting the pace. What is new?

Orientation et Tendances en Nursing

CONGRES INTERNATIONAL — 13 AU 17 JUILLET

Les préparatifs pour le congrès du Brésil vont bon train. Déjà au début de janvier, 40 demandes de renseignements, concernant ce voyage rempli d'inconnues, sont parvenues au Secrétariat National. Des dépliants ont été envoyés à toutes les provinces, décrivant trois genres de voyages organisés, chacun permettant d'assister au congrès. Le voyage No. 2 — "Autour de l'Amérique du Sud" par avion—donnera l'impression à celles qui ont fait des économies dans le but de ce voyage de recevoir plus que pour la valeur de leur argent. Tous ces voyages ont une durée n'excédant pas vos quatre semaines de vacances. Pourquoi ne pas écrire au bureau de votre association provinciale ou au *Secrétariat National, A.I.C., 1411 rue Crescent, Montréal 25*, et demander une formule d'inscription et un dépliant vous donnant des informations sur le voyage? Cela ne vous engage à rien.

Récemment des personnes ayant vécu durant dix années en Amérique du Sud, nous ont raconté des choses excessivement intéressantes concernant ce continent. Leurs descriptions des beautés du paysage suscitent un enthou-

siasme égal à celui manifesté par les touristes arrivant à Banff.

Le Bonnet de l'Etudiante

Avez-vous déjà pensé ce que serait la vie de l'aspirante infirmière sans la perspective du bonnet tant convoité? Le méritera-t-elle ou lui sera-t-il refusé? Quelle institutrice n'a pas rêvé à ce temps heureux où les étudiantes travaillaient de toutes leurs forces à apprendre à bien soigner les malades plutôt que de s'exposer à être remerciées au lieu de recevoir le bonnet, marque de leur acceptation définitive à l'école? Dans bien des écoles, les étudiantes ne portent l'uniforme complet que lorsqu'elles ont terminé avec succès le cours préliminaire. Les étudiantes maintenant partagent avec les diplômées le privilège de porter des bas blancs. Cela n'a pas nui au prestige des infirmières. Bien que au point de vue psychologique il y a quelque chose dans le geste de jeter ses souliers noirs au rancart et les bas au rebut pour apparaître toute brillante de blancheur. En abolissant de plus en plus la différence dans l'uniforme entre étudiante et diplômée n'applique-t-on pas les principes de l'hygiène mentale dont on parle tant?

Les Avantages qu'offre le Canada

Lors d'un récent voyage à Ottawa dans le but de discuter de la préparation d'une brochure nous avons eu le privilège de rencontrer plusieurs membres du personnel du Ministère National de la Santé et du Bien-Etre. Le Dr. Cameron, durant une heure de conversation des plus intéressantes, manifesta un vif intérêt envers la profession du nursing. Des membres du personnel du Département des Recherches nous consacrèrent plusieurs heures. L'analyse de l'étude du travail de l'hospitalière (Head Nurse Study) a fait l'objet du travail de M.-Josie et M.-Walker en particulier. Ce n'est qu'après avoir vu la compilation des renseignements, faite d'après un système de cartes, que l'on peut apprécier le travail qui se fait. Chaque carte représente un intervalle de 15 secondes et montre le travail accompli par l'hospitalière durant ce temps, l'endroit où elle a fait ce travail, et d'autres détails. Ces cartes permettraient à un expert en recherche de se rendre compte rapidement de tout le temps que l'hospitalière donne à une activité en particulier. Par exemple, il sera possible de calculer le temps que l'hospitalière consacre à des activités ne se rapportant pas directement au soin des malades ou aux activités se rapportant exclusivement au soin des malades. Nous en sommes venues à la conclusion que, sans ces experts en analyse, l'étude du temps employé à l'exécution des tâches est inutile et présente souvent des statistiques erronées.

Nous avons passé un avant-midi avec M.-Young, éditeur du *Bulletin Santé et Bien-Etre* et notre guide dans la revision de la brochure "Clarté sur la Profession d'Infirmière." Nous avons été étonnées de trouver tant de personnes sincèrement intéressées dans la profession d'infirmière. Souvent il nous a été difficile de répondre à des questions du genre de celles-ci — "Qu'est-ce qui se fait pour stimuler le recrutement d'élèves-infirmières?" "Si l'on lançait une grande campagne de recrutement, les écoles actuelles pourraient-elles recevoir toutes les candidates du Canada?" "Le cours de deux ans donne-t-il satisfaction?" Comme on peut en juger les infirmières ne sont pas les seules à chercher une solution au problème de la pénurie d'infirmière.

En plus nous avons eu l'occasion de causer avec Mlle Dorothy Percy, surveillante en chef du Service Civil, Division de la Santé; Mlle Mildred Walker, consultante en nursing pour l'industrie; et Mlle Evelyn Pepper, consultante en nursing, Département de la Défense Civile —trois personnes très occupées par leur travail respectif et très actives à faire connaître la valeur de la profession d'infirmière chaque fois que l'occasion s'en présente. Elles sont toujours disposées à aider les infirmières de toutes les parties du Canada. Elles ont vraiment un point de vue national.

Banff

Qu'avez-vous décidé au sujet du congrès biennal de 1954? A la suite des fêtes peut-être me direz-vous que mon compte de banque a diminué de volume; par contre moi j'ai pris du poids. C'est le temps d'augmenter le premier et de diminuer le dernier. Si vous versez régulièrement une somme à la banque, votre compte de banque vous permettra de vous rendre à Banff en 1954. Les infirmières de l'Alberta se préparent à vous faire voir des "cowboys" et leurs puits d'huile, la nouvelle mine d'or de la province! Ne manquez pas le voyage de Banff— économisez dès maintenant!

Nous avons Besoin d'aide

Il y a bien des nouveautés dans la profession d'infirmière. Dans le domaine particulier où vous travaillez elles vous sont si familières que vous n'en parlez pas. Nous faisons un appel aux infirmières. Qui sera la première à nous renseigner sur la nouveauté?

Vacation? Vacation!

ANITA ROSS

WHO does not thrill to that magical word — vacation? A faraway look comes into the eyes, a warm glow builds up inside you as you dream of the pleasure and relaxation of carefree days. No alarm clock! No sense of urgency! You do not have even to think! Vacation!

With mind and body drenched in weariness from days — weeks — months of the steady grind there is a peculiar fascination in pouring over gay circulars — Britain, with the many festivities being planned for next summer . . . Brazil and all the rest of South America after the I.C.N. convention is over . . . Bermuda, with its sun-soaked beaches . . Yellowstone, Zion Canyon, Arizona — where to go? For go you must! It wouldn't seem like a real vacation if you just stayed home in your own backyard!

Exciting, interesting places to see — but the cost! Isn't there any place that is not too far away, where the meals are good and the beds comfortable, where it won't cost a tired nurse more than she can afford for a truly restful holiday? A very special circular attracts your attention. What is this? A camp sponsored by the Ottawa Branch of the Victorian Order of Nurses? What do you know!

> " 'The Pauline LeMoine Memorial' and Fern Cottage, both spacious summer residences, were presented to the Ottawa Branch of the Victorian Order of Nurses, by the late Mrs. J. de St. Denis LeMoine, in memory of her daughter, Pauline, who was a member of the Board of Management of that branch." Interesting! "These two beautiful summer homes are for YOU and your friends . . ."

Your eye quickly jumps across the page to the brief paragraph on meals — "Breakfast is not served, unless otherwise requested, *until 9:00 each morning*." 9:00! Imagine it! What a place! But what is it like there?

As one who has been there summer after summer let me tell you that your

---

Montrealer Anita Ross is a regular visitor at this beautiful resort. For more information regarding it, turn to page 218.

View from south end of veranda

vacation will be a delight in happy carefree days doing exactly what you please. There will be friendly companions to share your interests and activities if you want people around you. If your consuming urge is "to be alone" there are walks through beautiful paths and into the surrounding country, not too high mountains to climb to view the lovely three-by-nine-mile lake, dotted with many islands. You can play around in shallow water or swim where the water is deep. There are canoes and rowboats — at no extra charge! If you feel really lazy, you can just loll on the large veranda enjoying the view of lake, islands, and mountains.

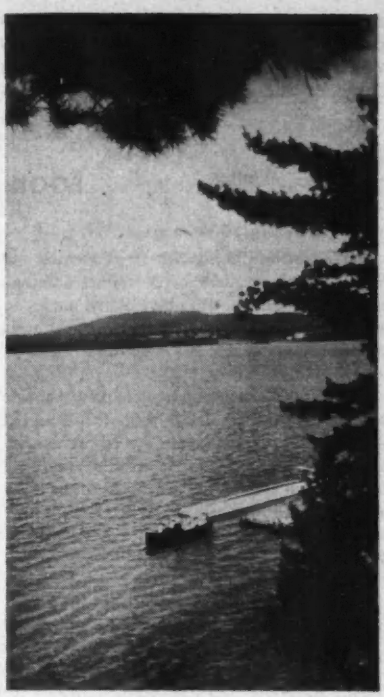
A few days' rest, invigorating air, wonderful meals, peaceful sleeps and you will be "r'aring" to join the fun.

Ornithologists will delight in the wild bird life. There is an infinite variety of color and song of birds seldom seen in the cities. Photographers will use all their films and long for more. Artists will seldom be separated from their paints. Astronomers will watch the stars mirrored in the lake — marvel at the brilliance and weirdness of the northern lights, count the Perseid shooting stars in August.

A Roman Catholic church, on the village hill, a Protestant church by the lake await churchgoers.

After the glorious sunset, as the last light fades from the lake and the sky, games are started in the large living room around the fireplace. It is cool up there in the mountains once the sun has gone down. The cheery blaze is a benison. No need to worry about reading matter for there is a large library. Plans for tomorrow's diverse activities are hatched and "so to bed."

The cottage from the lake



View from the veranda

Departing guests long to stay — wish for extended holidays — vow to return next year. It is a tribute to the ineffable charm, the homey comfort and the refreshing, recreating atmosphere of the place that many come back year after year.

A motto of unknown origin adequately describes the atmosphere of your home — for the summer vacation:

> The beauty of the house is order;
> The blessing of the house is contentment;
> The glory of the house is hospitality.

Go — see — be captured by the beauty and comfort of the never-to-be-forgotten charm of "The Pauline" where you will enrich your life by new friendships and new interests.

Aren't you intrigued? Would you like to know how to get there? Where

to write? Above all, how much or, surprisingly, how little it costs? The advertisement in this issue will give you some of the answers. For the rest — but why worry? Your problem about your summer vacation is already solved! Blue Sea Lake and "The Pauline LeMoine" are waiting!

BOOK REVIEWS

(Continued from page 208)

material and would possibly be of greatest use to the serious student of personnel administration in industry, although many nurses in administrative posts would find certain facets of the analytical discussion of these cases of interest.

Appendices to various key chapters provide additional study material and the Selected References Section is especially comprehensive. There is a Name Index as well as a Subject Index, which adds to the usefulness of the book as a reference text.

Living Agents of Disease, by James T. Culbertson and M. Cordelia Cowan. 624 pages. McAinsh & Co. Ltd., 1251 Yonge St., Toronto 5. 1952. Price $6.00.

Reviewed by Adelaide Haggart, Director of Nursing Education, Royal Victoria Hospital, Montreal.

"Health is everybody's business" is the introductory remark of this interesting book and at once the authors show how poor health is both a social and economic burden. The book concludes on the keynote of man's adaptability to his environment and the need for further research in solving present-day health problems.

The book is divided into seven units. The first serves as an introduction to the forms which are the living agents of disease, showing their relationship in the plant and animal kingdoms. The ways by which these forms cause disease are discussed briefly. The social significance is most interesting and will be appreciated by those who enjoy history. The chapter on problems caused by and the control and eradication of pathogens abounds in recent statistical data for the U.S.A. Somewhat similar data can be obtained for the Canadian scene from the Dominion Bureau of Vital Statistics.

Unit Two deals with the usual information one finds in books on microbiology on the eight groups which the authors discuss. A short chapter informs us of the agencies involved in research, where support comes from, and the sources of current information. Unit Three treats of methods used in the study of these groups. The hazards of laboratory work are pointed out and newer safety measures are discussed and some illustrated. The fourth unit is concerned with the human body in relation to these agents. The fifth unit has to do with the control and eradication of these agents, first discussing it as a social and economic problem. Three chapters are devoted to the organizations, their facilities for dealing and the laws concerned with or related to the above problem. Naturally the data pertains to the U.S.A. Units six and seven treat the specific groups of organisms and the diseases which they cause. This material is much the same as can be found elsewhere.

The book has excellent tables of classification and vital statistics, photographs, and electron micrographs. The publishers have done a fine job in the printing by the use of different size and type of lettering. Information is as up to date as possible in any scientific publication.

My impression is that this book would be very useful to instructors of nursing and as a reference for nursing students, rather than as a text. For those taking a fuller course in microbiology than student nurses receive this book would be extremely valuable. The approach of these authors to the living agents of disease has made the science of microbiology more interesting than ever.

Under conditions of normal use the average home cold-wave solution cannot be classified as a primary irritant. Personal observation in approximately 1,000 subjects disclosed no instances in which there was any reaction more severe than mild transient erythema of the scalp, forehead, or neck after the completion of the wave. Ninety-minute contact tests with aqueous ammonium thioglycolate of average waving strength also failed to produce any reactions greater than momentary erythema.

—*Digest of Treatment*, July, 1952.

Student Nurses

Galactosemia

STELLA ALLORE

BABY MARY IS THE second child of healthy young parents. Delivery at term was quick after three hours of labor. The birth weight was 6 lb. 14 oz. There was no jaundice at birth. However, a slight yellowish tinge to the skin, on discharge from hospital on the eleventh postnatal day, deepened progressively at home.

The infant was being given a formula of evaporated milk and water. She took it fairly well with no vomiting. The stools (about three per day) were semi-solid with a "strong" odor. Her urine was a deep yellowish-orange color. On re-admission, the chief problems, reported by the mother, were:

1. Yellowish discoloration of the baby's skin.
2. Small lump on the inner side of the right lower eyelid for four days.
3. Failure to gain weight (5 lb. 11 oz. on admission).

PHYSICAL FINDINGS

Mary was a small, poorly nourished, jaundiced infant with a tense, distended abdomen and pronounced superficial abdominal veins. The skin was dry and inelastic. There was an abscess on the inner side of the right lower eyelid. The sclera of both eyes was a deep yellow. The lungs were clear and heart normal. The liver was palpable about two fingers' breadth below the costal margin. There were no other palpable masses. Laboratory tests, based on the admission specimens, showed:

Urine: Reaction — acid.
Albumin — slight trace.
Sugar — minute quantity.
Bile — 2 plus.

Blood: R.B.C. — 4.5 million per cu. mm. (normal — 4.7 million per cu. mm.)
Hemoglobin — 13.0 gm. % (normal — 16.5 gm. %).
W.B.C. — 16,950 per cu. mm. (normal — 11,000 per cu. mm).
Polynuclear cells — 42%.
Lymphs — 50%.

Smear — normal.
Kahn and Wassermann tests — negative.
Total bilirubin — 13.2 mg.% (normal, 0.2—0.8 mg. %).
Prothrombin — 100% (normal, 85 — 100%).
Bleeding and clotting time — normal.
Stool — strong positive test for bilirubin; trypsin activity — normal; and fat normal quantatively.

TREATMENT

The evaporated milk formula was taken poorly (from 1½—2 oz. each four-hour feeding). Because of her general condition and the poor state of her skin, intravenous therapy was started as follows:

1. 50 cc. 5% glucose in normal saline.
2. 200 cc. 5% glucose in water.
3. 75 cc. Amigen Dextrose solution.
4. 100 cc. 10% glucose in water.
5. 25 cc. 5% glucose in normal saline.

This continuous intravenous ran at 6—8 drops per minute or 25—30 cc. per hour.

Vitamin K, 5 mg., was given daily because of the jaundice and decreased liver function. Dicrysticin, 200,000 units twice daily, was given to combat the eye infection. Hot saline compresses were placed on her eye followed by instillation of aureomycin eye drops three times daily.

The second day, the baby's abdomen appeared very distended. When a rectal tube was inserted, a large amount of flatus was expelled.

Gastric lavage was done before each feeding with a return of thick white curdled milk. This procedure proved none too successful in the relief of distention. There was no improvement in the feeding that followed so the

Miss Allore is an intermediate student at the Edmonton General Hospital, Alta.

lavage was discontinued immediately.

The formula was changed to partially skimmed evaporated milk and water. From 2½—3 oz. per four-hour feeding was taken. Due to the baby's continued dehydration and deterioration, the cut-down drip was continued with 200 cc. 5% dextrose in water and 75 cc. plasma. This ran about 4—5 drops per min.

Another intravenous was ordered as follows:

1. 50 cc. 5% glucose in normal saline.
2. 200 cc. 5% glucose in water.
3. 100 cc. 10% glucose in water.

One week after admission a repeat hemoglobin test was done showing 9.45 gm.%. Because of the anemia 50 cc. of packed red blood cells were administered intravenously. The same day three tablespoonfuls of Casec, a form of predigested milk protein powder, were added to the formula with no notable results.

On the tenth day further intravenous was given as follows:

1. 60 cc. packed R.B.C.'s
2. 200 cc. 10% glucose in water.
3. 50 cc. 5% glucose in saline.
4. 100 cc. 5% glucose in water.
5. 75 cc. Amigen Dextrose solution.

The rate was 6—8 drops per minute. The drip was discontinued the next day because of the baby's improved condition.

At this time, on reviewing the case, a tentative diagnosis of galactosemia was made. A repeat urinalysis showed: Albumin—3 plus, sugar—2 plus. This sugar was identified as galactose.

Galactosemia

This is a rare congenital disturbance of galactose metabolism. Lactose, the milk sugar, breaks down into glucose and galactose. The liver is unable to change galactose to glycogen. The galactose piles up in the blood stream and is excreted in the urine. The main features of our case were:

1. Marked weight loss and failure to gain since birth.
2. Persistent jaundice since birth.
3. Enlarged liver.
4. Distended abdomen with prominent superficial veins.
5. Marked weakness and lethargy.
6. A positive test for sugar in the urine.

These babies frequently develop cataracts and mental retardation, particularly if the diagnosis is too long delayed. Mary has shown neither of these.

When the diagnosis was established the formula was changed to Nutramigen, a milk substitute. Its use is indicated in cases of allergy or intolerance. On the basis of 50 calories per pound body weight, the formula required 8 tablespoonfuls in 18 oz. of water. Supplements of pablum, banana, purees, and meat were gradually added to the baby's diet. Mary did well on this and gained 5 oz. in six days.

An eye specialist was called in consultation because of the persistence of the infection in the tear duct. His impression was that the baby had a purulent dacryocystitis. He found no evidence of cataract formation. A probing and irrigation of the right tear duct and the use of penicillin and aureomycin eye ointment relieved the infection.

A galactose tolerance test was done to confirm the diagnosis. In this test 1.75 gm. of galactose per kg. of body weight is given by mouth (total given Mary—5.6 gm). The test showed a high intolerance to galactose.

Although the baby's condition was markedly improved she was not cured. As far as medical research has been able to discover, galactosemia is a permanent condition, similar in that respect to diabetes. As long as the proper foods are taken, and those containing galactose are avoided, the patient usually does well.

Condition on Discharge

The diagnosis having been made and treatment established with an excellent response, it was felt that Mary could be discharged from hospital provided the treatment was continued by the mother. She went home, after nearly two months in hospital, weighing 7 lb. 2 oz. and gaining steadily. The yellowish discoloration of the skin had disappeared. The diet the mother was instructed to follow included Nutramigen, bananas,

THE ASSOCIATION OF NURSES of the PROVINCE OF QUEBEC

The 1953 Spring Examinations for Provincial Registration will cover two groups of candidates and will be held as follows:

EXAMINATIONS FOR REGISTRATION —PART II:

Graduates desiring to qualify for a licence to practise will write on **April 13, 14 and 15, 1953.** Candidates will not be permitted to write these examinations until they have actually completed their training and hold the diploma of their school. *Applications must be received by March 6, 1953.*

EXAMINATIONS FOR REGISTRATION —PART I:

Students who will have completed their first year will enter the Examinations for Registration, Part I, which will be held on **March 9, 10, 11 and 12, 1953.** (Time to be announced in each school.) *Applications must be received by February 17, 1953.*

For application forms and all information relating to the examinations, apply to the headquarters of the Association.

A. WINONAH LINDSAY, R.N.
Secretary-Registrar
Ste. 506 - 1538 Sherbrooke St. W., Montreal 25, Que.

purees, and meat. She had strict instructions *never* to give milk.

LATER

On succeeding visits to the hospital, one could easily see the continued improvement of the baby. At one year of age her development was normal and the weight almost so. It might be interesting to note that Mrs. M. has successfully completed another pregnancy but that again her new baby has an intolerance to galactose.

The simple expedient of handing a patient a printed dietary outline is of no value in a long-range nutritional program. Few, if any, patients understand the real reason for nutritional reinforcements and they are entitled to complete and detailed individualized dietary instructions from their doctor or nurse.

Victorian Order of Nurses

The following are staff changes in the Victorian Order of Nurses for Canada:

Appointments — Edmonton: *Louise Stafford* (University of Alberta School of Nursing). London: *Mrs. Kathleen Smith* (Victoria Hosp., London). Ottawa: *Elizabeth Maher* (Ottawa Civic Hosp.) and *Mrs. Margaret Slade* (Toronto Gen. Hosp. and University of Toronto). Saskatoon: *Ann Simes* (Winnipeg Gen. Hosp.). Toronto: *Mrs. June Porter* (T.G.H.).

Transfer — *Mrs. Beatrice McClenaghan* from Hamilton to Toronto.

Resignations—Belleville, Ont.: *Mrs. Barbara Parsons.* Burnaby, B.C.: *Margaret Ross.* Kingston: *Mrs. Betty Warner.* North Vancouver: *Mrs. Dorothy Sharpe.* Ottawa: *Suzanne Desjardin.* Regina: *Margaret Gronsdahl.* Sarnia, Ont.: *Joyce Parker.* Toronto: *Jean Bradley, Louise Richardson.*

Nursing Sisters' Association

The annual meeting of the *Ottawa Unit* was held at Trafalgar House with the president, D. Percy, in the chair. The following officers were elected for the coming months:

President, K. Bayley, 273 Cambridge St.; vice-presidents, F. Baker, D. Lodge; recording secretary, Mrs. J. Stitt, 363 Waverley St.; treasurer, E. Feasby; membership convener, G. Kitchen; social committee, Mmes E. Wolstein, P. Osborne. Councillors, Mmes J. H. Coghill, L. H. Taylor, W. Macdermott.

News Notes

ALBERTA

EDMONTON

Eight regular meetings of District 7 were held during the past year, with an average attendance of 40 to 45. There were also three executive meetings. Business highlights during 1952 included: Approval given to the Council of recommended changes regarding salaries and staff educational policies; letter was sent to the Local Council of Women, regretting their attitude and action in condemning the fluorination of water program of the Department of Public Health; delegates from the district and from the chapters were sent to the A.A.R.N. annual meeting; six delegates were sent to the C.N.A. biennial convention with financial assistance of $100 each; parcels of uniforms and texts were sent to aid Korean nurses; M. Fraser was appointed to act as nurse representative on the Civil Defence Advisory Committee; a committee was formed to investigate the Structure Study under the chairmanship of V. Chapman; it was recommended that polio and rehabilitation be chosen as the theme for the 1953 convention program.

The following officers will serve during 1953: Chairman, E. Taylor; vice-chairmen, Mrs. J. Hanna, R. Ball; secretary, Sr. M. Laramee; treasurer, M. Exham. Additional executive includes: Misses H. Penhale, Cawsey, J. Davidson, Mmes Boyd, McPhail, McDonell.

MACLEOD

Twelve nurses attended a meeting of Chinook Chapter when Mrs. W. H. A. Gordon presided in the absence of Mrs. R. Hilliard. It was decided to split the chapter and hold meetings in Claresholm and Macleod each month, meeting every four months for a general meeting. Section A — Claresholm — and Section B — Macleod — will have their own officers and exchange minutes each month. Mrs. J. Shand reported that a parcel had been sent to Miss Sandell in Korea.

An election of officers took place, resulting as follows: President, Mrs. J. MacMillan; vice-president, Mrs. R. Hilliard; secretary, Mrs. B. Grainger; treasurer, Mrs. H. Eckmier.

BRITISH COLUMBIA

EAST KOOTENAY DISTRICT

M. Doyle of Michel Hospital was guest speaker at the semi-annual meeting of the district held at Fernie when 45 members of the Kimberley, Cranbrook, and Fernie chapters heard Miss Doyle's report on the C.N.A. biennial convention in Quebec. Mrs. E. Reddick, acting district councillor, reported on

the R.N.A.B.C. meeting held in Vancouver. Miss R. Hartwig, matron, McDougall Hospital, Kimberley, and district association president, presided at the dinner meeting.

CHEMAINUS

Twelve members were present at a meeting of Chemainus Chapter with Mrs. N. T. Bennett in the chair. A new member — Mrs. Rutherford — was welcomed to the meeting. Dickie Duncan gave a demonstration of first aid bandaging and explained the use of Cramer wire for splints and also Esmarch rubber bandage which is now used as an effective tourniquet.

ROSSLAND

The Rossland Chapter held a Christmas party following the regular meeting in December, with Mrs. W. K. Scatchard presiding. The guest speaker, Dr. H. A. Unruh of the clinic, gave a most instructive talk on the pathology of diseases in which Cortisone is used. Mrs. W. Miller of Trail thanked the speaker on behalf of the members. I. Marsh gave a report on the meeting held in Trail by the West Kootenay District Council.

Mrs. E. Morris, Trail Chapter president, urged that more nurses in the district, inactive at the present time, pay the $3.00 non-active fee and so be classified as registered nurses in good standing in order to have the privileges of voting and holding office in the chapter. Mrs. Scatchard was nominated to the recently vacated office of district councillor for West Kootenay District while Mmes J. E. Barrett and R. A. Williamson were named to the Nominating Committee.

Refreshments were served by Mmes W. K. Scatchard, C. K. Scatchard, Barrett, and E. Topliff.

VANCOUVER

St. Paul's Hospital

The annual Christmas Buffet Supper, in honor of the graduating class, was held in December and proved a successful event. The Alumnae Awards went to Paula L. Stalder and Diana N. Walters. These girls were chosen by their classmates as "Best All-round Students." Mrs. D. Cooper was the convener for this enjoyable event while a "thank you" was extended to R. Audet and K. Corlin for their decoration of the nurses' home living room.

The Alumnae Benevolent Society dispensed eight food hampers and gifts to needy oldsters over the Christmas season. Many gifts of fuel, clothing, and food were also made to needy families. Seventy-five dollars was donated to the Sisters of Providence.

Mr. J. Bullen is on the staff at Shaughnessy Hospital. J. Madden visited in Vancouver from Ontario while en route to join the air force.

NEW BRUNSWICK

CAMPBELLTON

Jean Haynes was elected president of the Campbellton Chapter at the annual meeting. Additional officers serving on the executive are: Vice-president, M. Anderson; secretary, Sr. E. Arseneau; treasurer, Sr. Dionne; committees: B. Blacquiere, M. Branch, A. J. MacMaster, Mmes D. McGregor, F. Caldwell, Srs. Cyr and Roy.

Soldiers' Memorial Hospital

Activities of the alumnae association during the past year include: The complete redecoration of the living room at the Prince William St. nurses' home, and dishes and glassware supplied for the Snack Bar; two oxygen tank carriers were donated to the hospital and an electric kettle was given to the Dalhousie Hospital Aid for their Fall Fair. The usual Christmas obligations for student nurses and alumnae members who were ill were attended to.

The annual dinner, followed by a theatre party, was well attended and greatly enjoyed. The association is now drawing up plans to provide an annual scholarship for post-graduate study.

The following members will serve on the executive during the coming months: President, Mrs. F. Allingham; vice-presidents, Mmes M. Quinn, F. Caldwell; secretary, Mrs. A. J. Murray; treasurer, Mrs. D. MacGregor. Additional officers are: Mmes D. Dimock, J. J. MacPherson, V. Poley, G. Mann, H. Crockett, C. Asprey, R. Millican, E. MacNeish.

FREDERICTON

The Fredericton Chapter entertained at their Christmas party in the senior residence at Victoria Public Hospital when the guests were members of the Hospital Board of Trustees and their wives, and the doctors of the city and their wives. Mrs. M. M. Scott, chapter president, and E. Felsing, director of nurses, received the guests. M. Guy, K. MacLaggan, P. Batt, A. Gibson, E. Smith, and Mrs. R. Crewdson acted as hostesses.

The program for the evening was under the direction of Mr. David Thomson, director of music for the New Brunswick schools, with Dr. W. A. Farrell at the piano. Awards were presented to Mrs. E. C. Armstrong, W. Reid, Mr. Thomson, and Drs. A. F. VanWart and Farrell. Refreshments were served under the convenership of Mrs. L. Menzies, assisted by M. Lee, Mmes F. Rankine, L. Smith, H. Atcheson, F. Gibson, and V. McCarthy.

MONCTON

At a meeting of Moncton Chapter, with Mrs. N. Smith in the chair, reports were

received from the various committees. Plans were made for discussions on the Structure Study of the C.N.A. and personnel policies. A Bring and Buy Sale was held, netting around $25. At a later meeting private nurses' registry fees were discussed and it was decided to increase the annual dues to the equivalent of two days' pay.

Nurses' Hospital Aid

At regular meetings of the Aid it was decided to hold a rummage sale in October and a cooking sale in November. The president, Mrs. J. Morrell, gave a report on the Maritime Hospital Aid meeting which she attended at St. Andrews. Mrs. G. Cooper had the Rolling Dollar for October, Mrs. Morrell for November. The Mystery Boxes for October and November were won by Mmes J. Innes and H. Henderson. Mrs. C. Calwell was welcomed to the group. At a later meeting Mrs. Innes reported on the Canadian Association of Consumers and Mrs. J. Neill was appointed to represent the Aid on the C.A.C. It was voted that money be used to buy records for the students' recreation room in the residence. Christmas gifts were purchased for the children in the pediatric department. Knitted goods were sent to the Children's Shelter. It was decided to sell tickets on a suit to be drawn for at Easter.

At the January meeting Mrs. A. Hans was made welcome. Mrs. R. Sawerby was appointed convener of tickets on $75 worth of merchandise to be drawn at Easter. She will be assisted by Mrs. J. Innes.

The following officers will serve during the coming months: Honorary president, F. Breau; president, Mrs. K. Carroll; vice-presidents, Mmes J. Innes, L. Munn; recording and corresponding secretaries, Mmes N. Smith, G. Shaw; treasurer, Mrs. W. McCully. Additional executive: Mmes R. Lewis, H. Robinson, A. Hans, C. Calwell, R. Sowerby, G. Allen, B. Perry, J. Neill, K. Lamb.

NEWCASTLE

Sr. McKenzie of Hotel Dieu, Chatham, was elected president of Miramichi Chapter at a meeting held in Newcastle. The retiring president, Mrs. Grady, was in the chair. Miss Loane presented the new slate of officers. Following their election the new executive took their places and conducted the remainder of the meeting. A lecture on "Nursing Care in Civil Defence" was given by Sr. McKenzie.

SAINT JOHN

St. Joseph's Hospital

Mrs. F. H. George was elected president of the alumnae association at the annual meeting held recently, succeeding M. McDermott. A highlight of the evening was the presentation made by Sr. Helen Marie, di-

rector of nurses, of a silver service, for the use of the student nurses.

Others assuming executive posts are: Vice-president, A. M. McGloan; secretary, R. Hurley; treasurer, J. Sheppard. Also: Misses McDermot, M. Parsons, M. Downing, L. Morrissey, and Mrs. H. Whalen. Committees: G. Shannon, L. Savage, J. Kelly, D. Gallant, M. Carey, Mrs. G. J. Breen.

Musical entertainment was provided by a group of preliminary students of the school of nursing and refreshments were served under the direction of Sr. Maria, dietitian, assisted by Sr. Ermina.

D. Giddens has been appointed pediatric supervisor and has been replaced on the first floor by Sr. Stella Maris. A. M. Pierce has resigned from the obstetrical department to join the V.O.N. Sr. Christine has returned from Vancouver to take charge of the out-patient department, replacing R. O'Neill who has accepted a position at Mercy Hospital, Sacramento, Calif. M. Morrissey and R. Bowes have also joined the staff of that hospital. J. Allen has left for Baltimore. Sr. T. Carmel is taking a course in pediatrics at the University of Toronto School of Nursing.

Woodstock

Last October about 30 nurses and other staff members of the Carleton Memorial Hospital gathered at the home of Mrs. L. Hawkins and tendered a surprise party in honor of Mrs. V. Craig, superintendent, who has resigned. Mrs. B. Gardiner, vice-president of the C.M.H. Alumnae Association, presentéd Mrs. Craig with a corsage and Mrs. D. Fisher, Woodstock Chapter president, on behalf of that group, honored her with a rhinestone necklace, earrings and pin.

NOVA SCOTIA

Colchester Branch

At the December meeting the theme of "Giving" was emphasized when the nurses presented food baskets and a purse of money to members who were themselves ill, who had illness in the family, and to the children of a member who is in the Sanatorium.

Institutional Night was featured at the January meeting when the staff members put on a demonstration of new equipment and procedures now being followed in the hospital for the benefit of the members who are out of contact with institutional organizations. Demonstrations included the use of the Emerson resuscitator, E. M. Mechanaire (oxygen tent), and other hospital equipment.

Halifax Branch

The December meeting was held at the Halifax Infirmary. It has become almost a tradition for the Christmas meeting to be in the form of a concert presented by the

undergraduate students of the School of Nursing.

Among the reports at the January meeting was an interesting account of the program in public health and preventive medicine which has been inaugurated at the Victoria General Hospital.

Pictou Branch

The fall lecture series was an outstanding success with an average attendance of 160 nurses, representing all fields of nursing. Plans have been made for another series this spring when Dr. B. F. Miller, orthopedic surgeon, will lecture on Discs and Dr. V. Mader on Chest Surgery.

Yarmouth Branch

The guest speaker at a regular meeting was Auburn Hunt, assistant director of Child Welfare in Yarmouth, who spoke on the work of her agency. B. Harding, who has been in Great Britain specializing in neurological work in Glasgow and London, gave a talk on her nursing experiences in Great Britain.

The following officers will serve during the coming months for the branch: President, G. Cann; vice-president, Mrs. H. Allen; recording and corresponding secretaries, Mmes Spears and Trask; treasurer, D. Winters.

H. Munro, who has completed study in administration, has been appointed nursing supervisor, Western Division, Nova Scotia Dept. of Health.

ONTARIO

District 1

London

Ontario Hospital

Mrs. M. Daiken has been elected president of the alumnae association. The remainder of the slate includes: Vice-presidents, Mmes H. Bruner, M. Maloney; secretary, Mrs. E. McKinlay; treasurer, Mrs. W. Soutar; assistant secretary-treasurer, Mrs. J. Gilpin; press secretary, Mrs. A. V. Reilly; flower and social conveners, Mmes E. Grosvenor, H. Hilgert.

Miss J. Jackson, an instructor on the hospital staff, addressed the members on the psychiatric training given to the affiliating nurses.

Petrolia

Mrs. R. A. Green has been elected president of the local nurses' group, assisted by: Vice-presidents, Mrs. N. Imbleau, D. Taylor; secretary, Mrs. R. Barnes; treasurer, M. Palmer. Committees: Program, Mmes L. Little, M. Park, O. Gurr; flower, Mrs. E. Randal; lunch, Mmes R. Witty, J. Egan, F. Bicknell.

District 2

Simcoe

Ninety-one nurses registered for a fall meeting of District 2 when the address of welcome was given by Mayor W. Martin. Greetings from Norfolk Medical Association were extended by Dr. K. McIntosh. The Interest Committee reports were given as follows: N. Cunningham, public health nursing; O. Plumstead, institutional nursing; Mrs. O. Byrick, private nursing; T. Dawson, industrial nursing. N. Hicks, Oxford County councillor, and membership convener, revealed that there are now 465 members in this district.

Many important items were discussed, including: How to stimulate student nurse recruitment; how to make registered nurses aware of the need of staff in hospitals in the small communities; how to stimulate further post-graduate study at the teaching level as the demand far exceeds the supply of nurses with teaching qualifications.

The chairman, Mrs. J. Sanders, gave a comprehensive report of the Board of Directors' plans to ask the Department of National Health and Welfare to include students entering schools of nursing in the Youth Grants for Education. In the meantime, contact would be made to service clubs and women's organizations to give bursaries and scholarships, thus encouraging young women who otherwise would be lost to the nursing profession due to financial problems.

Mrs. Sanders thanked the executive and members for their splendid cooperation during her three-year term of office. M. Snider, director of nursing, Stratford General Hospital, was elected chairman of the district, assisted by V. Haveland as secretary-treasurer. M. Grieve and Mrs. Sanders have been on the district executive for ten years, serving in all offices.

District 3

Guelph

At the annual dinner of the Homewood Quarter Century Club held last December, one of the events of interest was the initiation of a new member — Hilda Stout, superintendent of nurses at The Homewood Sanitarium. She was presented with several gifts of silver on behalf of the president and directors of Homewood by F. L. Freudeman, one of the directors. Miss Stout was previously presented with gifts on behalf of the nurses, on completion of her 25 years' service.

Miss Stout, a native of Tweed, entered the Homewood Training School in 1927, graduating in 1929. A year of post-graduate work followed at Brantford General Hospital before her return to Homewood. In 1930 she became a registered nurse, serving as supervisor there until 1941. She was appointed superintendent of nurses that year.

District 4

Hamilton

A new Halton-Wentworth Chapter in the district has been formed and the first meeting was held last fall at St. Joseph's Hospital. Formerly the area now covered by this chapter was in the Niagara Chapter, whose membership now consists of those west of Grimsby, while the new chapter covers the area east of Grimsby.

Dr. Marshall is chairman of the new chapter. The other officers include: Vice-presidents, E. Olivieri, D. Williams; secretary-treasurer, Mrs. R. Howting; B. Kerr, A. Thompson, G. Powell, and Sr. M. Bonaventure. The officers were installed by G. Sharpe, R.N.A.O. president. E. Ewart, District 4 chairman, presided.

Dr. J. H. W. Hutchinson was guest speaker whose talk — "Artificial Respiration" — was augmented by demonstrations by members of the St. John Ambulance Association.

District 5

Oshawa

General Hospital

The following officers will serve for the alumnae association during the coming year: Honorary president, M. Bourne; president, A. Schaan; vice-presidents, M. Gifford, Mrs. J. Lofthouse; secretary, Mrs. B. Murphy; corresponding secretary and assistant, P. Henry, M. A. Wickham; treasurer and assistant, J. Hunter, E. Wray. Additional executive: F. Gilroy, A. Sturrock, M. Brown, Mmes J. Simmons, M. Nesbitt, L. Dean, J. Jeffrey.

For the past year the alumnae association has combined its meetings with those of three other nursing groups in Oshawa — District 5, R.N.A.O., local Nurses' Registry, and the staff nurses of the General Hospital. This has proved successful in that larger attendance has been possible with the greater availability of qualified speakers. Business matters are discussed fully by the executives of the different groups and then presented as briefly as possible at the general meetings. Each group is responsible for one meeting in four and a meeting is held separately when necessary to discuss extra business.

The *Bulletin* is a paper published quarterly by the alumnae and contains news of both the graduates of the General Hospital and the hospital itself. Started about seven years ago, it has grown from one or two pages to a dozen or more. Creating more interest in the alumnae, it is a link to keep the graduates of the hospital together.

Mr. John L. Lay of Pickering, Ont., was the guest speaker at the January meeting of the groups. He gave a talk on his trip to Latin America and illustrated the costumes and habits of the natives of South America with colorful slides and vivid descriptions.

TORONTO

General Hospital

At a fall meeting of the alumnae association, Dr. G. Murray was guest speaker, showing his slides of Australia. It was voted to increase the fees to $3.00. Meetings in future will be held on Monday.

To welcome N. Fidler as the director of the University of Toronto School of Nursing, a reception was held with E. Cryderman, alumnae president, Mmes S. Smith and E. Phillips receiving with Miss Fidler. Last September Miss Macfarland celebrated her tenth anniversary as superintendent of nurses, the student nurses making a presentation of two books to mark the event.

Alice Hunter, superintendent of nurses, Port Arthur General Hospital, was the winner of $150 in a competition sponsored by the I.O.D.E. for the best short story. There were 119 entries. R. Kelsall, having completed her teaching and supervision course at the University of Manitoba, is clinical supervisor in gynecology at Winnipeg General Hospital. M. MacArthur is matron at Rockliffe (R.C.A.F.) Hospital. B. A. Armstrong is with the Ford Motor Co. of Canada Ltd., Windsor. M. (Walters) Turner is with the Red Cross Dental Coach, Port Loring. E. Feasby is with the Department of National Health and Welfare, Ottawa. L. Horwood, of the staff of the University of British Columbia School of Nursing, is at Columbia University this year. S. Creeggan is taking a course in obstetrics at the Boston Lying-In Hospital. D. Robinson is doing general duty at the University Hospitals, Cleveland.

R. (Mitchell) Walker is office nurse for Dr. R. A. Mustard. R. Stevens is stewardess with T.C.A. E. Mulligan is on the O. R. staff at Hamilton General Hospital. V. Gill has joined the staff of St. John's Convalescent Hospital, Newtonbrook. J. Field, previously doing general duty in Barrie, is now a "special" in Toronto. J. Farr is on the Pavilion O. R. staff, T.G.H. I. Fairfield and Z. Creeden attended a convention on crippled children in San Francisco last fall. R. (Gaw) Spring is industrial nurse at the C.N.R. plant, Leaside. F. Jollow is working for the State Board Office in Jacksonville, Fla.

St. Michael's Hospital

At a fall meeting of the alumnae association a motion was carried that Miss O'Boyle, retired editor, be given $100 in appreciation of her work on *The News*, the alumnae bulletin. P. Hughes, assisted by K. Arbour, are conveners for the alumnae's Spring Tea to be held after Easter.

Sr. Beatrice is now director of nurses, St. Michael's Hospital, Lethbridge, Alta. P. Coffey and B. Cox are on the staff of the Juvenile Detention Court, Detroit. E. Beardmore has been appointed nurse consultant in Civil Defence for Greater Tor-

onto. V. Murphy, having obtained her public health nursing certificate, is with the Toronto Department of Public Health. J. (Hope) Rankin is health instructor for St. Michael's School of Nursing. S. MacDonald, who has passed her Connecticut State examination, has gone into nursing education. Mrs. K. Gies is with the Hydro Electric Power Commission of Ontario. I. Nealon is working with the Crown Life Insurance Co. N. Gleason is on the staff of the Children's Service Centre, Montreal, while W. McCaffrey is also in that city with the Child Health Centre.

C. Maddaford is in St. John's, Nfld., where she organized the first branch of the V.O.N. there. G. Sandler is with the Deaconess Hospital, Detroit. M. Carty, who has completed her public health nursing course at Queen's University, is with the Calgary Public Health Dept. as school nurse. H. Smythe completed the medical supervision course at University of Toronto School of Nursing and is on the teaching staff of Hotel Dieu, Kingston. T. Shoniker is in charge of the air force clinic, North Bay. L. Wohler is assistant instructor in nursing arts, St. Joseph's College of Nursing, San Francisco. A. McNamara is director of nursing, Children's Aid Society, New York. M. Willsher is teaching at the Ottawa Civic Hospital School of Nursing. M. Hansen and M. Paus are with the St. Elizabeth Visiting Nurses' Association while C. Bond has resigned from that organization to do public health work in Greater Toronto. B. (Marchand) LeMay is in Penetang doing public health.

Western Hospital

At the annual meeting of the alumnae association K. Ellis was elected president. The corresponding secretary is M. MacKenzie, L. Burgess serving as treasurer. In appreciation of her services, B. Miles, retiring president, was presented with a silver tray. Dr. A. D. T. Purdy, the guest speaker, told of his trip to Europe, illustrating his talk with Kodachrome slides.

Women's College Hospital

Mrs. L. Lalone was elected president of the alumnae association at the annual meeting held in January. Other officers are: Vice-presidents, Mrs. Hutcheon, P. Murray; recording and corresponding secretaries, M. Fargey, Mrs. F. Stacey; treasurer, Mrs. S. Hall. Councillors, Misses Groocock, Clinton, Mrs. J. Smith.

J. Purvis is supervisor at Johns Hopkins Hospital, Baltimore. Miss Van Tischler is teaching obstetrics in Brooklyn, N.Y. V. Tracey is instructing at Camp Borden. M. Robins has left for a year of research in obstetrics at Hammersmith Hospital, London, Eng. A. Anderson is at W. C. H., on the evening shift, supervising obstetrics on the 4th floor. Mrs. (Creber) Fargey is working in Dr. Borsooks' office. E. Clark, formerly instructor at W. C. H., has been appointed chairman, Board of Examiners, to examine candidates for registration as certified nursing aides.

DISTRICT 6

Belleville General Hospital

A Christmas party was held for the grad-

uates, student nurses and other hospital staff when the festivities were under the direction of the students. They presented a program, including carol-singing, refreshments, and a visit from Santa Claus. M. Peart, director of nursing, was also present.

District 10

Port Arthur

St. Joseph's Hospital

At a meeting of the alumnae association, the following officers were elected: President, C. Connolly; vice-president, D. Commuzzi; recording and corresponding secretaries, Mrs. N. Vescio, M. McEwen; treasurer, Mrs. J. Wilmot. Additional officers are: M. Flanagan, R. Shackelton, Mmes E. Chase, A. Colleran, V. Carty, N. Wright, I. Caron.

Following the business session, a Christmas party was enjoyed when there was an exchange of gifts, with Mrs. N. Wright acting as Santa. Mrs. F. Black entertained with a vocal solo while R. Petrone led in the singing of carols, Student Nurse N. Weir acting as pianist. Refreshments were served later, Mrs. M. Guy and C. Connolly pouring.

At the January meeting Mrs. C. Grant was announced as the winner of the cake donated by Mrs. Caron. The nurse doll awarded in a contest at the December meeting went to Mrs. J. A. McEwen of Fort William. Volunteers for the membership drive include: Misses Connolly and Commuzzi, Mmes S. Johnson, C. Woods, and Grant. Lunch was served by: Mmes C. Woods, C. Grant, F. Lawrence, V. Carty, A. Colleran, and S. Johnson.

PRINCE EDWARD ISLAND

Charlottetown

P.E.I. Hospital

The capping ceremony for 22 student nurses was held at the Cundall Home in January attended by many relatives and friends. Mr. N. D. MacLean, Hospital Board chairman, presided, while the caps were pinned on by Mrs. L. MacDonald. Each girl was presented with a Bible on behalf of the Gideon Society and lighted her candle from one held by Student Nurse L. MacLeod. Rev. T. H. B. Somers gave the invocation and led in the Nightingale Pledge. Mr. V. Runtz spoke briefly of the origin and work of the Gideon Society in placing Bibles in hospitals, hotels, and presenting them to school children. The address to the newly-capped students was given by M. Archibald, secretary-registrar, A.N.P.E.I., who spoke on "Professional Education."

Musical interludes were provided by the students nurses. J. Davison accompanied solos by D. MacLaren and A. Horne and a duet by Misses Lockhart and Cameron.

SASKATCHEWAN

PRINCE ALBERT

The Prince Albert Chapter held a Christmas party at the Sanatorium when the program was ably managed by Mrs. J. Greening who read a Christmas story, while the audience joined in singing carols. Piano selections, solos and an amusing skit were also enjoyed.

SASKATOON

The annual banquet of Saskatoon Chapter was held with 100 members present. Dr. Hilda Neatby was guest speaker, her talk dealing with the education of a nurse. Dr. J. W. MacLeod, Dean of Medicine, University of Saskatchewan, and Mrs. MacLeod were honored guests. H. Keeler was Mistress of Ceremonies.

City Hospital

An enjoyable evening was spent when graduate and student nurses and internes gathered in the nurses' residence for the annual Christmas concert. Dr. Hickerty was M. C. Musical selections, carol-singing, skits, and a tableau comprised the entertainment. Dr. McKenty played Santa when gifts were exchanged. Lunch was served by the members of the 1953-B and 1954-A classes.

L. Wilson, S.R.N.A. registrar, was a recent visitor to the school when she spoke to the nurses on the proposed Centralized Lecture Program for the province. L. Willis and G. James, who have been on the staff have now left to participate in this new program. Miss Willis is to be director of the Regina Centre while Miss James has taken charge in Saskatoon.

St. Paul's Hospital

At a special gathering in the School of Nursing, the students welcomed the Rev. Mother General of the Grey Nuns and her secretary who are en route to the far north. Miss Seaman, Western Regional Supervisor for the V.O.N., visited the school with Miss Sissons. The February graduating class received their "black bands" at a chapel ceremony.

BERMUDA

The following officers are serving for the King Edward VII Memorial Hospital Alumnae Association during the coming months: President, Mrs. J. Numan; vice-president, Mrs. F. Tite; secretary and assistant, Mmes B. Ingham, K. Harding; treasurer, E. Dixon. Additional executive: J. Ainsworth, M. Smith, Mmes R. M. Brown, H. Pitman, D. Taylor, E. Zuill, A. Powell, S. Greet, W. Mayor, Jr.

M. Turner has been awarded the 1952 Alumnae Scholarship for post-graduate studies. She is taking her course at Toronto.

Positions Vacant

Advertising Rates—$5.00 for 3 lines or less; $1.00 for each additional line.

Matron for 50-bed hospital. Apply, giving experience, references & qualifications, Municipal Hospital, Wainwright, Alta.

General Duty Nurses. Apply, giving references, experience & qualifications, Municipal Hospital, Wainwright, Alta.

Asst. Supt. for active 60-bed General Hospital in Western Ontario; town of 4,000 pop. Some training in instruction would be preferable. Apply, stating qualifications & salary expected, Supt., General Hospital, Strathroy, Ont.

Operating Room Nurse with wide experience in O.R. service. Salary in conformity with R.N.A.B.C. personnel practices; less $52 50 for room & board. Annual vacation of 28 days after 1 yr. Annual increases. 44-hr. wk. 11 statutory holidays. Apply, stating experience, references, etc., Supt. of Nurses, Chilliwack Hospital, Chilliwack, B.C.

Supervisor. 2 mos. rotation on afternoon & evening shifts. Salary in conformity with R.N.A.B.C. personnel practices. $52.50 room & board. Annual increases after 1 yr. 28 days annual vacation. 11 statutory holidays. Apply, stating experience, references, etc., Supt. of Nurses, Chilliwack Hospital, Chilliwack, B.C.

Instructor for School of Psychiatric Nursing, Essondale, B.C., required by the B.C. Civil Service. Salary: $239 rising to $266 per mo. *Qualifications* — Eligible for registration in British Columbia & have certificate in teaching & supervision & post-graduate study (or its equivalent) & experience in psychiatric nursing. Candidates must be British subjects & under 40 yrs. of age, except in the case of ex-service women who are given preference. Further information & application forms may be obtained from Director of Nursing, Provincial Mental Hospital, Essondale, B.C. or British Columbia Civil Service Commission, Weiler Bldg., Victoria, B.C.

Registered Nurses for General Duty in 200-bed hospital in Niagara Peninsula. Gross salary: $210; afternoons, $220; nights, $215. Increments & return train fare after 12 mos. Also **Certified Nursing Assistants.** Salary: $160. 48-hr. wk.; no broken shifts. 21 days annual vacation. 8 statutory holidays. Cumulative sick leave. Accommodation available in attractive residence. Apply Director of Nursing, County General Hospital, Welland, Ont.

Registered Nurses (2) for General Duty immediately. 6-day, 8-hr. wk. — straight shifts. Modern hospital with separate nurses' residence. Salary: $200 gross less $30 maintenance. $5.00 increase per yr. for 4 yrs. 1 mo. holidays with pay & 3 wks. sick leave after 1 yr. service. Apply Matron, Union Hospital, Rosetown, Sask.

Supervisor with experience on public ward. Active General Hospital, centrally located. Apply Director of Nursing, Reddy Memorial Hospital, Westmount, Montreal 6, Que.

MATRON

for

UNION HOSPITAL, FOAM LAKE, SASKATCHEWAN

- **Fine working conditions in 30-bed hospital**
- ***Salary*—$260, less $30 for maintenance**

For full particulars apply to: **The Secretary-Manager**

Registered Nurses for General Duty with opening of new wing of 70-bed fully modern hospital on C.P.R. main line & Trans-Canada Highway to Banff & Calgary. Duties commence Apr. Salary: $155 & full maintenance with $5.00 increment every 6 mos. Sick leave with pay. 1 mo. holiday with pay plus statutory holidays each yr. 8-hr. day; 44-hr. wk. with rotating shifts. Apply Supt., Municipal Hospital, Brooks, Alta.

Graduate General Duty Nurses for 35-bed General Hospital, 50 miles from Toronto. 44-hr. wk. 7 statutory holidays. 3 wks. annual vacation. 2 wks. sick time. Apply stating experience, Supt., Lord Dufferin Hospital, Orangeville, Ont.

General Staff Nurses for 600-bed University Hospital. Openings in all services. Personnel policies meet approved minimum standards of North Carolina State Nurses' Ass'n. Salary: $180 per mo. with complete maintenance ($240 without maintenance). $20 additional for permanent evenings & nights. $120 annual increment for satisfactory service. 44-hr. wk. 24 days vacation the 1st yr., 30 days per yr. thereafter. Ill time allowance same as vacation. 6 holidays per yr. Exceptional opportunity for furthering education in Duke University. Write to Director, Nursing Service, Duke University Hospital, Durham, North Carolina.

Nurses (2) for modern hospital; nurses' home. Salary: $180 per mo. with full maintenance. Usual holidays with pay, sick leave, etc. Transportation one way refunded if stay 1 yr. Apply Matron, Union Hospital, Vanguard, Sask.

Supervisor for afternoon shift 4-12 in modern 50-bed General Hospital in Southwestern Ontario. Salary: $205 per mo. including one meal, laundry & bonus of 40 cts. paid for each night worked. 1½ days off each wk. 3 wks. vacation with pay & a day for statutory holidays. Apply c/o Box S, The Canadian Nurse, 1522 Sherbrooke St. W., Montreal 25, Que.

Graduate Staff Nurses for Operating Room immediately. Salary: $145 per mo.; increase every 6 mos. to $170. Vacation, 3 wks. Statutory holidays. Fortnight duty, 92 hrs. Sick leave, 1½ days per mo. after 6 mos. Complete maintenance. Pension plan. Also **Asst. Supervisor — Night Duty.** Salary: $160 per mo.; increase every 6 mos. to $185. Vacation, 3 wks. Statutory holidays. Fortnight duty, 88 hrs. Sick leave, 1½ days per mo. after 6 mos. Complete maintenance. Pension plan. Apply Director of Nursing, General Hospital, Saint John, N.B.

Operating Room & Maternity Nurses. Salary: $162.50 for recent graduates. Two meals, laundry. 8-hr. day—straight shift. $15 differential evenings—$10 nights. Vacation, sick time & statutory holidays on salary. Semi-annual & annual increments. Financial recognition for years of experience, post-graduate or university study. Apply Supt. of Nurses, General Hospital, Winnipeg, Man.

Operating Room Supervisor (special preparation preferred). Also **Dietitian & Night Supervisor** for 100-bed hospital. Salary depends on qualifications & experience. Apply Soldiers' Memorial Hospital, Campbellton, N.B.

General Duty Nurses — "You will like it here." Placement in the service of your choice in Teaching Hospital. Beginning salary: $240 per mo. for 40-hr. wk. Scheduled increases, payment for overtime, 6-hr. evening duty. $270 per mo. for night duty. Sick leave, 6 holidays, 3 wks. vacation. Residence facilities if desired. Tuition-free courses after 6 mos. service. Opportunities for advancement. Apply Director of Nursing Service, University Hospitals of Cleveland, Cleveland 6, Ohio.

CANADIAN RED CROSS SOCIETY

invites applications for ADMINISTRATIVE and STAFF positions in HOSPITAL, PUBLIC HEALTH NURSING SERVICES, and BLOOD TRANSFUSION SERVICE for various parts of Canada.

- The majority of opportunities are in OUTPOST SERVICES in British Columbia, Saskatchewan, Manitoba, Ontario, Quebec, New Brunswick, and Nova Scotia.
- Commensurate salaries for experience and qualifications. Transportation arrangements under certain circumstances. Bursaries are available for post-graduate study.

For further particulars apply:

NATIONAL DIRECTOR, NURSING SERVICES, CANADIAN RED CROSS SOCIETY,
95 WELLESLEY ST., TORONTO 5, ONTARIO.

Obstetrical Supervisor with special preparation. Gross minimum salary: $240 — annual increments. Vacation, sick time. 48-hr. wk. For further details apply Supt. of Nurses, General Hospital, Moose Jaw, Sask.

Clinical Instructor (Psychiatric Nursing). Salary: $248-298 per mo. **General & Psychiatric & General Graduate Nurses.** Salary: $198-248 per mo. Salaries depend on qualifications & experience. 44-hr. work wk. Uniforms supplied. Modern residence. $30 charge per mo. for perquisites. Excellent holiday, sick leave & pension benefits. Apply, stating qualifications & experience, Supt. of Nurses, Provincial Mental Hospital, Ponoka, Alta.

Municipal Nurses for the Province of Alberta. Rural service, emergency treatment, preventive & maternity program. Salary: $2,160-3,000 depending on qualifications & experience, plus modern furnished cottage. Excellent sick leave, pension & vacation benefits. Apply Director, Nursing Division, Dept. of Public Health, Administration Bldg., Edmonton, Alta.

General Duty Nurses for Obstetrical, Medical & Surgical Depts. Living-in accommodation available temporarily. For information apply Director of Nurses, General Hospital, Woodstock, Ont.

Matron (1) & Nurse (1) for Union Hospital, Lucky Lake, Sask. Salaries: $225 & $180 plus maintenance, respectively. Apply G. D. Clark, Sec.-Treas., Lucky Lake, Sask.

Nursing Arts Instructor; Supervisor & Clinical Instructor — Medicine; Supervisor & Clinical Instructor — Surgery; Supervisor & Clinical Instructor — Gynecology. All positions open now at School of Nursing, General Hospital, Hamilton, Ont. Address applications & requests for further information to Director of Nursing.

Graduate Floor Duty Nurses for General Hospital, Hamilton, Ont. Gross initial bi-weekly salary: $83 plus Cost of Living Bonus of approx. $6.00 per wk. 44-hr. wk. For other perquisites & further information apply C. E. Brewster, Supt. of Nurses.

Graduate Floor Duty Nurses for Mount Hamilton Maternity Hospital, Hamilton, Ont. 44-hr. wk. Statutory holidays. Initial gross salary bi-weekly: $83 plus cost of Living Bonus. For other perquisites & further information apply Supt.

General Duty Nurses. Salary: $173.23 (one hundred seventy-three dollars & twenty-three cents) monthly, paid on a bi-weekly basis; 26 pays in a yr. Salaries have scheduled rate of increase. 48-hr. wk. 8-hr. broken day: 3-11, 11-7, rotation. Cumulative sick leave. Pension Plan in force. Blue Cross. 3 wks. vacation after 1 yr. service. Apply Supt. of Nurses, Muskoka Hospital, Gravenhurst, Ont.

General Duty Nurses for 611-bed General Hospital with School of Nursing. Salary: $273; increase $15 end of 1st yr.; $17 end 2nd & 3rd yr.; $19 end 5th yr. Differential of $10 for special services & p.m. & night duty. 40-hr. wk. 12 paid holidays. 3 wks. vacation. Free laundry. Cumulative sick leave. Housing available. Apply Director of Nursing Service, General Hospital, Fresno, California.

Asst. Director immediately. Charge of educational program. Basic diploma course. 150 students. 360-bed General Hospital. 15-min. drive from heart of Cincinnati, Ohio. Salary: $350. 40-hr. wk. 4 wks. annual vacation. Degree required. Roman Catholic preferred. Experience considered. Apply c/o Box F, The Canadian Nurse, 1522 Sherbrooke St. W., Montreal 25, Que.

The VICTORIA HOSPITAL SCHOOL of NURSING

will receive applications for:

• *Science Instructor* • *Junior Instructor*
• *Clinical Supervisor*

600-bed hospital. Over 200 students. Good Personnel Policies. Positions open summer.

For information write to:

Director of Nursing, Victoria Hospital, London, Ont.

General Duty Nurses for 430-bed hospital. 44-hr. wk. 11 statutory holidays. Salary: $240-270. Credit for past experience. Annual increments. Cumulative sick leave. 28 days annual vacation. Apply Director of Nursing, Royal Columbian Hospital, New Westminster, B.C.

General Duty Nurses for modern 50-bed hospital. Gross salary: $215 less $40 board & lodging. $10 annual increase. 10 statutory holidays. 4 wks. annual vacation. 1½ days sick leave per mo. cumulating to 36 days. Transportation allowance not exceeding $60 refunded after 1st yr. Apply Administrator. Wrinch Memorial Hospital, Hazelton, B.C.

Graduate Nurses for completely modern West Coast hospital. Salary: $230 per mo. less $40 for board, residence, laundry. $10 annual increments. Special bonus of $10 per mo. for night duty. 1 mo. vacation with full salary after 1 yr. service. 1½ days sick leave per mo. cumulative to 36 days. Transportation allowance not exceeding $60 refunded after 1st yr. Also **O.R. Supervisor**. Salary: $270 per mo. Working conditions & perquisites same as nurses. Apply, stating experience, Miss E. L. Clement, Supt. of Nurses, General Hospital, Prince Rupert, B.C.

Registered Nurses for General Duty in busy 70-bed General Hospital. Commencing salary: $180 per mo. for 44-hr. wk. Good personnel policy. Apply Supt., Ross Memorial Hospital, Lindsay, Ont.

Registered Nurses for St. Joseph Hospital, Mt. Clemens, Michigan, 25 miles north of Detroit, near Selfridge Air Force Base. Optional 40- or 44-hr. wk. **Staff Nurses** $12 day duty; $13 afternoon or night duty. State Standards. Apply Director of Nursing Service.

Orthopedic Nurse (experienced, qualified). Salary: $12.50 per day; $13.50 afternoons & nights. Desirable personnel policies. 45 min. from Detroit, 3 miles from Selfridge air force base. Apply Director of Nursing, St. Joseph Hospital, Mt. Clemens, Michigan.

Clinical Supervisor (qualified) for The Victoria Public Hospital, Fredericton, N.B. For details apply Director of Nurses.

Registered Nurses for supervisory positions & staff nursing for new & beautifully equipped 100-bed hospital in Oregon, U.S.A. Excellent salaries & 40-hr. wk. Apply Director of Nurses, County General Hospital, Tillamook, Oregon.

Registered Nurses for General Duty in 70-bed General Hospital in San Gabriel Valley, 40 min. from Los Angeles. Close to beaches & mountains. 40-hr. wk. 2 wks. paid vacation. 6 mos. increase in salary. Paid hospital insurance. Starting salary: $235 per mo.; $10 differential for afternoons & nights; $10 differential for surgery & maternity. Write for application form Supt. of Nurses, Inter-Community Hospital, Covina, California.

Registered Nurses (4) to be in charge of 22-bed hospital while on duty. Salary: $13 per 8-hr. day. Apply Harworth Hospital, 531 E. Grand Blvd., Detroit 7, Michigan.

General Duty Nurses for all services for Apr. 1 in new 75-bed hospital. Beginning salary: $260. 40-hr. wk. $20 additional for 3-11 p.m.; $10 additional for 11-7 a.m. 2 wks. vacation with pay. 7 holidays. Sick leave. Apply Director of Nursing Service, Mercy Hospital, Redding, California.

WANTED

OPERATING ROOM SUPERVISOR

The *Victoria Hospital* in *London, Ontario,* has an opening for a trained and experienced **Operating Room Supervisor** for an active Surgical Department.

- **EXCELLENT PERSONNEL POLICIES**
- **GOOD SALARY**

Apply — **DIRECTOR OF NURSING, VICTORIA HOSPITAL, LONDON, ONT.**

Asst. Director of Nurses & General Duty Nurses. Apply Director of Nurses, Royal Inland Hospital, Kamloops, B.C.

Asst. Dietitian (qualified) for 225-bed hospital. Apply Chief Dietitian, Moncton Hospital, Moncton, N.B.

Registered Nurse for General Duty in 600-bed Tuberculosis Hospital, 6 miles from London, Ont. Initial salary: $175 gross, less $33 per mo. for board, room, laundry. Staff education program. Busy surgical ward. 44-hr. wk. For other perquisites — vacation, illness, pension & further information — apply Director of Nurses, Beck Memorial Sanatorium, London, Ont.

Registered Nurses for General Duty for small General Hospital. Salary: $140 per mo. with full maintenance. 6-day wk. 8-hr. duty, rotating shifts. 3 increments of $5.00 per mo. at 6-mo. intervals. Blue Cross paid. 10 days sick leave per yr. 6 statutory holidays. 28 days holidays. Apply Lady Supt., Barrie Memorial Hospital, Ormstown, Que.

Registered Nurses for General Duty Staff. Salary commences at £37-10-0 per mo. with full maintenance. Transportation allowance. For full particulars apply Matron, King Edward VII Memorial Hospital, Bermuda.

General Duty Staff Nurses for 515-bed General Hospital. 40-hr. wk. Beginning salary: $250 per mo. with advancement to $270; $20 additional for evenings & nights. Hospital & School of Nursing fully approved. Apply Director of Nursing, The Grace Hospital, 4160 John R. St., Detroit 1, Michigan.

Central Alberta Sanatorium, Calgary, Alberta, offers to Graduate Nurses a six-month Post-Graduate Course in Tuberculosis. Maintenance & salary as for General Staff Nurses. Opportunities for permanent employment if desired. Spring & Fall Classes. Further information on request.

Registered Nurses for Floor Duty. Also **Operating Scrub Nurse (1).** Modern 50-bed General Hospital with good working conditions & attractive salary. Apply Supt., District Memorial Hospital, Leamington, Ont.

Registered Nurse for 8-bed hospital. Salary: $210 per mo. If full maintenance is desired, it will be provided for at $30 per mo. Address or phone inquiries to Mr. J. E. Hunter, Sec.-Treas., Union Hospital, Hodgeville, Sask.

General Staff Nurses for 80-bed hospital. For particulars apply Director of Nursing, Norfolk General Hospital, Simcoe, Ont.

General Duty Nurses for large General Hospital. Openings available in all depts., including pediatrics & isolation, for nurses interested in permanent positions. Apply Director of Nursing, Victoria Hospital, London, Ont.

Public Health Nurse (qualified) by Apr. 1 for generalized service in City of Guelph. Minimum salary: $2,400 with allowance for experience. Apply Supervisor of Nurses, Health Dept., Guelph, Ont.

Registered Nurses for General Floor Duty. Rotating shifts. Apply Supt., Brome-Missisquoi-Perkins Hospital, Sweetsburg, Que.

● VANCOUVER GENERAL HOSPITAL ●

● The Vancouver General Hospital invites immediate enquiries from *Graduate Nurses for Staff Vacancies* in order to implement 40-hour week.

SALARIES of $226.50 as minimum and $263.25 as maximum, plus shift differentials for Evening and Night Duty approved for 1953.

Please apply to:

Personnel Dept., General Hospital, Vancouver 9, B.C.

Applications should be accompanied by letter of acceptance of registration in B.C. from ***Registrar of Nurses, 1101 Vancouver Block, Vancouver 2, B.C.***

Supt. of Nurses for 200-bed hospital with School of Nursing in interior of British Columbia. Send application with full particulars to Provincial Placement Service, Registered Nurses' Ass'n of B.C., 1101 Vancouver Block, Vancouver 2, B.C.

Operating Room Supervisor — special preparation required. Salary open. Minimum, $3,752. 40-hr. wk. Vacation. Sick leave. Social Security. Retirement benefits. Living accommodation available. No weekend or holiday work. Apply Director of Nursing Service, Medical College Hospital, Richmond 19, Virginia.

General Staff Nurses for medical, surgical & obstetrical floors. 177-bed hospital with Training School. Salary: $180-195 gross, depending on experience. $30 charge for room & board. 44-hr. wk. 2½ days holidays per mo. cumulative to 30 days. Also **Clinical Instructors (2)** (qualified) by July 15. Salary now $230 gross with revision of salary schedule shortly. Apply Mrs. M. Alexander, Director of Nursing, General Hospital, Medicine Hat, Alta.

Nursing Instructor by June 15 to direct teaching programs for staff & affiliating Student Nurses. New 300-bed hospital in city. Excellent living conditions & employment policies. 44-hr. wk. Salary & bonus at present rate of $2,580-3,180 depending on experience & qualifications. Full particulars on request. Apply Supt. of Nurses, Alberhart Memorial Sanatorium, Edmonton, Alta.

Asst. Director of Nursing for large Psychiatric Hospital. University certificate course. Psychiatric experience & administrative ability. Salary open. Also **Teaching Supervisor.** University certificate course. Psychiatric experience. Salary: $220 with meals & laundry or $180 with full maintenance. Excellent personnel policies. Apply Director of Nursing, Box 6034, Montreal, Que.

Graduate Nurses for modern, well equipped teaching hospital in central California. Salary: $273-320 per mo. 40-hr., 5-day wk. Liberal vacation, holiday & sick leave plan. Apply Personnel Office, 510 E. Market St., Stockton, California.

Registered Nurses (2) for General Duty in small active hospital in Central Ontario. Good salary. Apply Supt., General Hospital, Palmerston, Ont.

Operating Room Supervisor & General Duty Nurses. 44-hr. wk. 8 statutory holidays. Sick leave. General duty gross salary starting at $195. Laundry free. Apply Director of Nurses, General Hospital, Galt, Ont.

Asst. Director of Nursing for 150-bed modern General Hospital with nurses' training school. Hospital situated in pleasant surroundings. Excellent working conditions. Applications invited from nurses with some experience & having one year's post-graduate training. Apply Director of Nursing, General Hospital, Stratford, Ont.

Matron for small General Hospital of 28 beds in town of Huntingdon, Quebec. Pleasant living & working conditions. Attractive social & recreational activities in community. 1 mo. holidays with pay. Good starting salary commensurate with qualifications. Apply Dr. F. G. McCrimmon, Medical Supt., County Hospital, Box 570, Huntingdon, Que.

ANESTHESIA

A career specialty for the Graduate Nurse. **Eligibility:** Graduates of Accredited Schools of Nursing. **Course:** Study of the basic sciences related to Anesthesia. Clinical training in all phases of General Anesthesia, Resuscitation, and Inhalation Therapy. **Professional Opportunities:** Full-time position in teaching and non-teaching hospitals in United States. For special course write: **Mary H. Snively, R.N., In Charge of Nurses' Training Programs, Duke Hospital, Durham, North Carolina.**

Public Health Nurse for Red Deer Health Unit for Apr. 1, to be stationed at Innisfail. Diploma in Public Health Nursing necessary. Commencing salary: $2,760 rising in 3 annual increments to $3,120. Commencing salary might be higher for nurse with previous experience in Alberta Health Units. Furnished suite available at nominal rent & car provided for use of nurse. Subsistence allowances at Provincial Gov't. rates & provision for 3 wks. annual holidays & superannuation. Apply Medical Officer of Health, Red Deer, Alta.

Registered Nurse for 14-bed hospital, modernly equipped & pleasantly located. Salary: $110 per mo. clear. 1 mo. vacation annually. Apply Supt., Grand Manan Hospital, Grand Manan, N.B.

Registered Nurse as Second Asst. in Home for Chronically Ill. Apply, stating qualifications, age, religion & salary expected, Supt., Perley Home, 2 Barton St., Ottawa 1, Ont.

Asst. Director of Nursing for 400-bed hospital with school of 200 students. Full information on application. Also **Night Supervisors (2)** (4 night supervisors on 44-hr. wk. rotation shifts). Gross salary minimum: $250. 1 mo. vacation & 21 days sick leave per yr. For further information apply Director of Nursing, City Hospital, Saskatoon, Sask.

Registered Nurses for General Duty in active 22-bed hospital in Cariboo District, B.C. Salary: $200; $210 after 6 mos. Board & residence, $35. Transportation allowance up to $60 refunded after 1 yr. Full benefits of statutory holidays. Sick leave. 28 days vacation after 12 mos. or proportionate 6 mos. Apply Administrator, General Hospital, Quesnel, B.C.

Registered Nurses (2) for General Duty. Salary: $175 plus maintenance. 1 mo. holidays per yr. plus statutory holidays. Shift rotation — 1 mo., 8-4; 2 wks., 4-12; 2 wks., 12-8. New hospital to be built this year. Pop. of town, 1,500. Wire collect or write Mrs. M. E. Locke, Matron, Union Hospital, Eston, Sask.

Registered Nurses (3) immediately — one to take charge at $190 per mo., 2 for alternating afternoon & night shifts at $160 per mo. 8-hr. duty. 12-bed hospital — medical & obstetrical. Good home & community life, 60 miles north of Toronto on No. 10 highway. Apply Matron, District Hospital, Shelburne, Ont.

Nurse with O.R. experience. Salary: $230 per mo. Also **General Duty Nurses** for 110-bed hospital. Starting salary: $220 per mo. for B.C. Reg. with annual increase up to $25, less $52.50 for board, room, laundry. 18 days cumulative sick time annually. 28 days vacation after 1 yr. 10 statutory holidays. Excellent golf, swimming, skiing & other recreational facilities. Apply Director of Nursing, Trail-Tadanac Hospital, Trail, B.C.

Graduate Nurses for General Staff for General Hospital, Parry Sound, Ont. (in the heart of tourist district). Salary: $145 for days; evenings $155 & nights $150 per mo. plus full maintenance in nurses' residence. 48-hr. wk. 2 wks. vacation plus 8 statutory holidays. Increment for first 2 yrs. Also **Charge Nurse for Obstetrical Unit.** Apply Director of Nurses.

WANTED

TRAINING SCHOOL DIRECTOR *for 300-bed Hospital*

- New Nurses' Home, beautifully furnished and equipped.
- Director will be given full authority to inaugurate the School. Every assistance given by Board of Governors and hospital staff.

Address all inquiries to:

Supt., Metropolitan General Hospital, Windsor, Ontario.

Education Director & Medical & Surgical Instructor (1). Vacancy in May. 252-bed hospital. 99 students. College affiliation for basic sciences. Affiliation in psychiatry. School accredited by N.N.A.S. Salaries open — commensurate with qualifications. 40-hr. wk. 7 holidays. 4 wks. vacation. Degree required. Apply Director, School of Nursing & Nursing Service, Washington Hospital, Washington, Pennsylvania.

Operating Room Nurses. 252-bed General Hospital. Average 11 operations per day. 16 hrs. full coverage on nursing service. 40-hr. wk. 7 holidays. 3 wks. vacation. Paid sick leave. Minimum salary, $200. Apply Director, School of Nursing & Nursing Service, Washington Hospital, Washington, Pennsylvania.

Anesthetist. 252-bed General Hospital. Average 11 operations per day. No obstetrical call. Apply Supt., Washington Hospital, Washington, Pennsylvania.

Registered Nurses for General Duty for 50-bed hospital in town on Lake Ontario, near Toronto. 44-hr. wk. Salary: $180 per mo. with additional $10 for 4-12 duty. Apply Supt. of Nurses, General Hospital, Cobourg, Ont.

Registered Nurses for General Duty for Huntingdon County Hospital. This is a small General Hospital, in Town of Huntingdon, 45 miles southwest of Montreal, connected by excellent train & bus service. Pleasant working conditions. Nurses' home attached to hospital. Attractive community social life. Two theatres, badminton club, skating, curling, dancing & only 8 miles from summer resort on Lake St. Francis. Salary: $140 per mo. with full maintenance with 3 increases of $5.00 per mo. at 6-mo. intervals. Blue Cross paid. 10 days sick leave per yr. & 4 wks. holiday. Apply Mrs. B. Grant, Matron, County Hospital, Huntingdon, Que.

Supt. of Nursing for Brome-Missisquoi-Perkins Hospital, Sweetsburg, Que. New hospital now under construction. Preference given to those possessing knowledge of French. Apply, stating experience & qualifications, to R.F. Stockwell, Q.C., P.O. Box 389, Cowansville, Que.

Operating Room Nurses with or without experience. Also **Floor Nurses for General Duty.** Very active General Hospital, centrally located. Apply Director of Nursing, Reddy Memorial Hospital, 4039 Tupper St., Montreal 6, Que.

University of Alberta School of Nursing requires: **(1) Instructor in Principles & Practice of Nursing. (2) Clinical Instructor, Medicine.** Salary: $250-270 gross. 44-hr. wk. 11 statutory holidays. 31 days vacation. Cumulative sick leave. Pension plan. Apply Director, School of Nursing, University of Alberta, Edmonton, Alta.

Health Nurse (1), Clinical Instructor for Obstetrics (1), Nursing Arts Instructor (1) — by Sept. 1. **General Duty Graduates for Case Room Work (4)** immediately (those with experience given preference. Apply Director of Nurses, Holy Cross Hospital, Calgary, Alta.

Registered Nurses (3) for General Duty at Municipal Hospital, Fairview, Alta., immediately. Salary: $170 per mo. with $5.00 per mo. increase for each year's service since graduation to maximum of $185 — plus full maintenance. Separate nurses' home. Special night nurse is employed. Apply Mrs. Opal M. Nicholson, Sec.-Treas.

CIVIL SERVICE
(Federal)

HOSPITAL NURSES

Grade 1 — $2,300-$2,640 Grade 2 — $2,580-$2,930
for the Department of Veterans Affairs Hospitals

Sunnybrook, Toronto	St. Hyacinthe Veterans' Hospital
Westminster, London	Deer Lodge, Winnipeg
Camp Hill, Halifax	Shaughnessy, Vancouver
Queen Mary Veterans, Montreal	Victoria Veterans' Hospital, Victoria

and Ste Anne de Bellevue, Ste Anne's.

Application forms, available at your nearest Civil Service Commission Office, National Employment Office and Post Office, should be forwarded to the Civil Service Commission, Ottawa.

Director of Nursing for 150-bed General Hospital. 65 students; 35 general duty staff. 8-hr. day, 5½-day wk. 4 wks. vacation annually. 7 statutory holidays. Pension plan available. Excellent salary & living quarters. Apply, stating qualifications, age & experience, Administrator, General Hospital, Chatham, Ont.

Registered Nurse for 120-bed hospital, 20 miles from Detroit, Mich. Good working & living conditions. Starting salary: $250 per mo. with full maintenance. Apply Supt. of Nurses, Martha Berry Hospital, 43533 Elizabeth Rd., Mt. Clemens, Michigan.

General Duty Nurses for 50-bed Hospital for Crippled Children on Vancouver Island, B.C. Salary: $220 per mo. less $44 for board & lodging. 44-hr. wk. 28 days annual vacation & 10 statutory holidays. Single room living accommodation provided in new residences in Solarium grounds & within 50 yds. of seashore. Climate of Vancouver Is. is perfect & recreation is available in tennis, swimming, boating & fishing. Hospital situated on main highway within easy driving distance of Victoria & on main highway bus route. Apply immediately, stating age & qualifications, Director of Nursing, Queen Alexandra Solarium for Crippled Children, Cobble Hill P.O., Vancouver Is., B.C.

FOR SALE

Nursing Classroom Equipment:

Torso, ear, eye model, skeleton on stand — all in excellent condition.

Contact
Supt., General Hospital, Portage la Prairie, Man.

EXAMINATIONS FOR REGISTRATION OF NURSES IN NOVA SCOTIA

To take place on **May 20, 21 and 22, 1953,** at **Halifax, Yarmouth, Amherst, Sydney,** and **Antigonish.** Requests for application forms should be made at once and forms MUST BE returned to the Registrar by **April 20, 1953,** together with: (1) Birth Certificate; (2) Provincial Grade XI Pass Certificate; (3) Diploma of School of Nursing; (4) Fee of $10.00.

No undergraduate may write unless he or she has passed successfully all final School of Nursing examinations, and is within six weeks of completion of the course in Nursing.

NANCY H. WATSON, R.N., Registrar
The Registered Nurses' Association of Nova Scotia
301 Barrington St., Halifax, N.S.

UNIVERSITY OF ALBERTA

School of Nursing

COURSES OFFERED

Undergraduate

1. ***Degree Course in Nursing:*** A four-year course leading to the degree, Bachelor of Science in Nursing.
2. ***Diploma in Nursing:*** A three-year course leading to a Diploma in Nursing.

Post-Graduate

1. ***Degree Course in Nursing:*** A two-year course leading to the degree, Bachelor of Science in Nursing.
2. ***One-Year Diploma Courses:***
   (a) Teaching and Supervision in Schools of Nursing.
   (b) Public Health Nursing.

For information write:

The Director, School of Nursing,
University of Alberta, Edmonton, Alta.

Official Directory

Provincial Associations of Registered Nurses

ALBERTA

Alberta Association of Registered Nurses

Pres., Miss F. Ferguson, 5 Glenwood Manor, Calgary; Past Pres., Miss J. Clark; Vice-Pres., Misses H. Penhale, E. Bietsch; *Councillor*, Sr. Mongrain, Gen. Hosp., Edmonton; *Committee Chairmen: Institutional Nursing*, Miss A. Monteith, Galt Hosp., Lethbridge; *Private Duty*, Mrs. L. P. Garratt, 33-12th St., Medicine Hat; *Public Health*, Miss M. Fitzsimmons, 218 Administration Bldg., Edmonton; *Educational Policy*, Miss R. Chittick, 815-18th Ave. W., Calgary; **Registrar, Mrs. Clara Van Dusen, Ste. 5, 10129-102nd St., Edmonton.**

Ponoka District 2

Pres., Miss Geneva Seagreave; Vice-Pres., Miss O. Stauffer; Sec.-Treas., Miss Norma MacDonald; *Rep. to The Cdn. Nurse*, Miss Nessa Leckie, Provincial Mental Hosp.

Calgary District 3

Pres., Miss F. Tennant; Vice-Pres., Miss J. Shaw; Sec., Miss Lillian Bibby, 1330-16th Ave. W.; Treas., Mrs. Eileen Jones.

Medicine Hat District 4

Pres., Miss M. Story, 24-1st St. S.W.; Vice-Pres., Mmes G. Anderson, R. MacQuarrie; Sec., Mrs. D. Grant; Treas., Mrs. A. Renner, 814-A Braemar St.; *Social Service Conv.*, Mrs. R. Wall.

Red Deer District 6

Pres., Miss Olive Goodwin; Vice-Pres., Mrs. E. S. Brigham, Miss M. Exham; Sec.-Treas., Miss Alice Johnson, Municipal Hosp.; *Social Convener*, Miss Hilda Moen.

Edmonton District 7

Chairman, Miss E. Taylor; Vice-Chairmen, Mrs. J. Hanna, Miss R. Ball; Sec., Sr. M. Laramee, Gen. Hosp.; Treas., Miss M. Exham; *Arrangements & Program Com.*, Misses R. Ball, J. Davidson, Mmes McPhail, McDonell; *Reps.* to: *Local Council of Women*, Mrs. Boyd; *Council of Community Services*, Miss H. Penhale; *The Cdn. Nurse*, Miss Cawsey.

Lethbridge District 8

Pres., Mrs. E. Michael; Vice-Pres., Miss A. Fallis, Sr. Martha Michael; Sec., Mrs. E. Horlacher, 1209-6th Ave. S.; Treas., Miss M. Guimond, 1415-9th Ave. S.; *Committees: Entertainment*, Misses Konynenbelt, Reimer; *Social*, Miss Mori.

BRITISH COLUMBIA

Registered Nurses' Association of British Columbia

Pres., Miss E. Paulson; Vice-Pres., Misses A. Creasor, J. Appleton; Hon. Sec., Miss E. Graham; Hon. Treas., Miss H. Mussallem; Past Pres., Sr. Columkille; *Committee Chairmen: Institutional Nursing*, Capt. G. McGregor; *Private Duty Nursing*, Mrs. B. Lane; *Public Health Nursing*, Miss J. Pallister; Dir., Personnel Services, Miss Evelyn E. Hood, 1101 Vancouver Block, Van.; **Exec. Sec. & Registrar, Miss Alice L. Wright, 1101 Vancouver Block, Vancouver 2.**

New Westminster Chapter

Pres., Miss I. E. Barlow; Past Pres., Miss G. Smith; Vice-Pres., Mrs. B. Dawson; Rec. Sec., Miss J. Gore; Corr. Sec., Miss M. Harvey, 730-14th Ave.; Treas., Miss W. Riley; *Rep.* to *The Canadian Nurse*, Miss P. Wright, 911 St. Andrews St.

Vancouver Island District

Pres., Mrs. Violet Tams, Plateau; Vice-Pres., Mrs. Jessica Field, Nanaimo; Sec.-Tres., Mrs. Olive Bell, R.R. 1, Fanny Bay; *Councillors*, Mrs. Ruth Bosward, Victoria; Miss D. Priestly, Nanaimo.

Victoria Chapter

Pres., Miss J. E. Jamieson; Vice-Pres., Misses J. Harris, E. Riddell; Rec. Sec., Miss M. J. Coutts; Corr. Sec., Mrs. O. Jones, 1333 Carnsew St.; Treas., Mrs. R. Bosward, 1752 Adanac St.; *Committee Conveners; Membership & Press*, Miss I. Shilabeer; *Program*, Mrs. M. D. Jefferson; *Institutional Nursing*, Miss M. E. Munroe; *Office Nursing*, Mrs. J. H. Russell; *Private Nursing*, Mrs. P. Morrish; *Public Health*, Miss M. Williams; *Rep. to The Cdn. Nurse*, Miss L. Foster.

East Kootenay District
Fernie Chapter

Pres., Mrs. M. Haile; Vice-Pres., Miss E. Jordan; Sec. and *Press Rep.*, Mrs. M. Arbuckle; Treas., and *Canadian Nurse Rep.*, Miss Myra E. Young, Box 1060, Fernie; *Committees: Visiting*, Mmes L. Hogan, Citra; *Entertainment*, Misses M. Saunders, D. Vosburgh, Mrs. M. East.

Kamloops-Okanagan District

Pres., Mrs. Elsie Ransom, 255 Seymour St. W., Kamloops; Sec.-Treas., Miss Elizabeth Stewart, 635 Nicola St., Kamloops; Vice-Pres., Miss Bernice Donaldson, Royal Inland Hosp., Kamloops.

Kamloops-Tranquille Chapter

Pres., Mrs. I. McQuay; Vice-Pres., Miss M. Rowles; Rec. Sec., Miss S. Strong; Corr. Sec., Miss K. Stewart, 830 St. Paul St., Kamloops; Treas., Mrs. K. E. Nicholson, 1104 Dominion St., Kamloops; *Sections: Public Health Nursing*, Mrs. N. McFarlane; *General Nursing*, Mrs. Manson; *Committees: Membership*, Mrs. W. R. Waugh; *Program*, Mrs. Humphreys; *Visiting*, Misses O. Garrood, E. Morton; *Scholarship*, Miss E. Driedger.

Greater Vancouver District

Pres., Miss C. Charter; Past Pres., Mrs. L. Grundy; Vice-Pres., Misses H. Hull, R. Cunningham, N. Armstrong; Sec., Miss C. Connon; Treas., Miss M. Brown; *Committee Conveners: Nominating*, Miss J. Flower; *Social*, Miss Z. Beattie; *Councillors*, Misses Charter, E. Rossiter, Mrs. M. Jones; *Chap. Pres.: Vancouver*, Miss Rossiter; *North Van.*, Miss Gilmour.

Vancouver Chapter

Pres., Miss E. M. Rossiter; Vice-Pres., Miss W. P. Neen, Mrs. Stibbard; Rec. Sec., Miss G. McFayden; Corr. Sec., Miss B. Gordon, 1171 W. 32nd Ave.; Treas., Miss A. George.

MANITOBA

Manitoba Association of Registered Nurses

Pres., Miss Evelyn M. Watts, 580 Spruce St., Winnipeg; Vice-Pres., Misses K. Ruane, V. J. Williams, M. E. Wilson; *Section Chairmen: Hospital & School of Nursing*, Miss G. E. Johnson, Gen. Hosp., Wpg.; *Public Health*, Miss M. Fryers, Ste. 10 Winnitoba Apts., Wpg.; *Private Nursing*, Mrs. M. Harney, Ste. 1, 696 Westminster Ave., Wpg.; **Exec. Sec. & Registrar, Miss L. E. Pettigrew, 247 Balmoral St., Winnipeg.**

OFFICIAL DIRECTORY

NEW BRUNSWICK

New Brunswick Association of Registered Nurses

Pres., Miss M. E. Hunter, 436 Charlotte St., Fredericton; Past Pres., Miss H. M. Bartsch; Vice-Pres., Miss G. Stevens, Sr. Rosarie; Hon. Sec., Sr. Bujold; *Committee Chairmen: Private Nursing*, Miss M. Downing, 36 Cliff St., Saint John; *Public Health Nursing*, Miss G. Roy, 137 Water St., Campbellton; *Institutional Nursing*, Miss B. M. Selfridge, Gen. Hosp., Saint John; *Legislation*, Miss M. Myers, Tuberculosis Hosp., East Saint John; *Educational Policy*, Miss K. MacLaggan, 385 Union St., Fredericton; *Health Insurance*, Miss M. E. Ingham, Victoria Public Hosp., Fredericton; *Adv. to Schools of Nursing*, Miss Myers; *Labor Relations*, Miss S. Miles, D.V.A. Hosp., West Saint John; *The Canadian Nurse*, Miss R. MacKenzie, 136 Cameron St., Moncton; *Councillors*, Misses H. J. Lynds, S. Miles, D. Fowler, Mrs. V. G. Craig; **Executive Secretary, Miss Alma F. Law, P.O. Box 846, Fredericton.**

NOVA SCOTIA

Registered Nurses' Association of Nova Scotia

Pres., Miss K. Harvey, Roseway Hosp., Shelburne; Past Pres., Miss M. K. Miller; Vice-Pres., Miss J. Forbes, Mrs. D. McKeown, Sr. C. Gerard; Rec. Sec., Miss J. Elliott; *Committee Chairmen: Public Health*, Miss M. MacLellan; *Institutional Nursing*, Sr. Jean Eudes; *Private Nursing*, Mrs. M. MacDonald; *Legislative*, Sr. M. Estelle; *Educational Policy*, Miss F. MacDonald; *Public Relations*, Miss E. MacLennan; *Nominating*, Miss R. Myers; *Discipline*, Miss M. Haliburton; Adv. to Registrar, Miss J. Church; **Sec.-Registrar, Miss Nancy H. Watson, 301 Barrington St., Halifax.**

ONTARIO

Registered Nurses' Association of Ontario

Pres., Miss G. J. Sharpe, Western Hosp., Toronto 2B; Vice-Pres., Misses B. M. Beyer, A. E. Reid; *Interest Committee Chairmen: Institutional Nursing*, Miss J. E. Young; *Private Nursing*, Miss S. Holmes; *Public Health Nursing*, Miss M. M. MacLachlan. *District Chairmen: Dist. 1*, Miss E. Horton, 16-3rd Ave., St. Thomas. *2*, Miss M. Snider, Gen. Hosp., Stratford. *3*, Miss W. M. Cooke, Gen & Marine Hosp., Owen Sound. *4*, Miss I. Mayall, Gen. Hosp., Hamilton. *5*, Miss W. M. Hendrikz, 330 University Ave., Toronto 1. *6*, Miss M. G. Millard, 176 George St., Belleville. *7*, Sr. A. Mantle, Hotel Dieu, Kingston. *8*, Miss M. Nephew, Gen. Hosp., Cornwall. *9*, Miss E. L. McKenney, St. Joseph's Hosp., North Bay. *10*, Sr. Patricia, St. Joseph's Hosp., Port Arthur. *11*, Miss J. Killorin, 18 Colborne St. E., Orillia. *12*, Miss E. Houston, Box 907, Kirkland Lake. **General Sec.-Treas., Miss Florence H. Walker, 515 Jarvis St., Toronto 5.**

District 1

Chairman, Miss E. Horton; Past Chairman, Mrs. M. Harrison; Vice-Chairmen, Mrs. H. Griffiths, Miss G. Erskine; Sec.-Treas., Miss M. Graham, Ont. Hosp., St. Thomas; *Section Conveners: Institutional Nursing*, Miss M. Ion; *Private Nursing*, Miss J. Wilmer; *Public Health*, Miss P. Thomson; *Industrial Nursing*, Miss M. Langford; *Com. Conveners: Membership*, Mrs. W. C. Maitland; *Publications*, Miss M. Russell; *Program*, Miss O. O'Neill; *Cdn. Nurse Circ. & Finance*, Mrs. M. Jackson; *Councillors: Chatham*, Mrs. I. Meloche; *Leamington*, Miss J. Tillett; *London*, Miss O'Neill; *St. Thomas*, Miss M. Stewart; *Sarnia*, Miss D. Carr; *Strathroy*, Miss W. Hughes; *Windsor*, Mrs. E. Holmes.

District 2

Chairman, Mrs. J. Sanders; Vice-Chairmen, Misses M. Snider, M. Holland; Sec.-Treas., Miss M. Patterson, Gen. Hosp., Brantford; *Interest Committees: Institutional Nursing*, Miss O. Plumstead; *Public Health Nursing*, Miss N. Cunningham; *Private Nursing*, Mrs. V. Byrick; *Industrial Nursing*, Miss T. Dawson; *Councillors: Brant Co.*, Miss N. Neff; *Huron*, Miss M. Love; *Norfolk*, Miss R. Misner; *Oxford*, Miss N. Hicks; *Perth*, Miss M. Brydon; *Membership Conv.*, Miss Hicks.

District 3

Chairman, Miss W. Cooke; Vice-Chairmen, Misses C. Adams, L. Campbell; Sec.-Treas., Miss M. Cruickshank, 968-2nd Ave. W., Owen Sound; *Committee Chairmen: Institutional*, Sr. St. Edmund; *Public Health*, Miss H. Fasken; *Private Nursing*, Miss M. Lapsley; *Industrial Nursing*, Miss H. Peterson; *Councillors: Grey*, Miss I. Weirs; *Bruce*, Miss E. Schaab; *Dufferin*, Mrs. J. Phillips; *Waterloo*, Miss A. Psutka; *Wellington*, Miss M. Thompson; *Rep.* to *The Cdn. Nurse*, Miss C. Adams.

District 4

Chairman, Miss I. Mayall; Vice-Chairmen, Misses E. Ewart, D. Sharpe; Sec.-Treas., Miss C. Leleu, 29 Ashley St., Hamilton; Asst. Sec., Miss J. Harrison; *Committee Conveners: Institutional*, Miss C. Clark; *Public Health*, Miss H. MacKay; *Private Duty*, Miss S. Snaith; *Councillors*, Misses M. Blackwood, A. Oram, B. Lousley, M. Campbell, B. Key, C. Graham.

District 5

Chairman, Miss W. Hendrikz; Past Chairman, Miss M. Tresidder; Vice-Chairmen, Misses M. J. Wilson, L. Fair; Sec.-Treas., Mrs. M. Chisholm, 121 Castlefield Ave., Toronto 12; *Councillors*, Misses D. Arnot, M. Agnew, M. Kennedy, B. Seeds, M. A. Wickham; *Committee Conveners: Public Health*, Miss R. Kent; *Private Nursing*, Miss M. MacLean; *Institutional Nursing*, Miss M. Kennedy; *Finance*, Miss M. McInnes; *Program*, Miss M. J. Wilson; *Membership*, Miss M. Schoales; *Bursary*, Miss J. Ives; *Cdn. Nurse Circ.*, Miss M. Schwanbeck; *Publicity*, Miss M. Bird; *Nominating*, Miss L. Ashton; *Educational*, Miss M. Gibson.

District 6

Chairman, Miss M. Millard; Vice-Chairmen, Misses R. Cunningham, S. M. Waters; Sec.-Treas., Miss L. Sine, 143 Ann St., Belleville; *Committee Conveners: Membership*, Miss V. Nelson; *Finance*, Miss M. Peart; *Nominating*, To be appointed; *Industrial Nursing*, Miss M. Greer; *Public Health*, Miss V. Clark; *Institutional Nursing*, Miss M. Mills; *Private Nursing*, Mrs. S. Prentice; *Chap. Chairmen: A*, Miss H. Collier; *B*, Miss G. Lehigh; *C*, Miss F. Vickers.

District 7

Chairman, Sr. A. Mantle; Vice-Chairmen, Misses J. Godard, E. Wood; Sec.-Treas., Mrs. A. M. Thompson, 207 William St., Kingston; *Committee Conveners: Private Nursing*, Mrs. F. Paul; *Public Health Nursing*, Miss L. Wall; *Institutional Nursing*, Miss L. D. Acton; *Membership*, Miss Ella Smith; *Councillors*, Misses B. Griffin, A. Church, O. Wilson, Mrs. J. Young, Srs. Hughes, Mary Juda; *Rep.* to *The Cdn. Nurse*, Miss M. Fairfield.

District 8

Chairman, Miss M. Nephew; Past Chairman, Miss L. Langford; Vice-Chairman, Miss V. Adair; Sec., Miss M. Phillips, 66-5th Ave., Ottawa; Treas., Miss I. Dickie; *Councillors*, Sr. M. Evangeline, Misses G. Boland, D. Browne, M. Woodside, A. Saunders, M. Lamb.

District 9

Chairman, Miss E. McKenny; Vice-Chairmen, Miss I. Penman, Sr. M. Melanie; Sec., Miss M. Shannon, St. Joseph's Hosp., North Bay; Treas., Miss W. McFadden, 396 Marion St., Sudbury.

District 10

Chairman, Sr. Patricia; Vice-Chairmen, Misses H. Keith, M. Pringle; Sec.-Treas., Miss M. Curran, Dept. of Health, Fort William; *Committees: Finance*, Mrs. White; *Membership*, Misses Stitt, Howard; *Program*, Misses Keith, N. Clayton, D. Adams; *Institutional Nursing*, Miss M. Beattie; *Public Health*, Mrs. R. Cunningham; *Industrial Nursing*, Miss M. Edwards; *Councillors*, Srs. Felicitas, Marie A. Piliquinn, Miss Hunter, Mrs. E. Cox; *Reps.* to: *Press*, Miss Davidson; *The Canadian Nurse*, Miss Malmborg, Mrs. Geddes.

District 11

Chairman, Miss Jewel Killorin; Vice-Chairmen, Miss M. Anderson, Mrs. D. Pudden; Sec., Miss Dorothy Rowlandson, 105 Peter St. S., Orillia; Treas., Miss Mary McIsaac.

District 12

Chairman, Miss E. Houston; Vice-Chairmen, Misses R. M. McNulty, E. Roulston; Sec., Mrs. S. Robson, Box 91, Haileybury; Treas., Miss M. Rice, Box 377, Haileybury.

PRINCE EDWARD ISLAND

The Association of Nurses of Prince Edward Island

Pres., Miss Verna Darrach, 62 Prince St., Charlottetown; Vice-Pres., Miss H. Schurman, Prince County Hosp., Summerside; Sr. M. Irene, Charlottetown Hosp.; Hon. Treas., Miss I. MacKay, Mt. Stewart; Hon. Sec., Miss H. Adams, Prince Co. Hosp., Summerside; *Committee Conveners: Educational Policy*, Mrs. L. MacDonald, P.E.I. Hosp., Charlottetown; *Private Nursing*, Mrs. M. Fullerton, 84 Fitzroy St., Charlottetown; *Public Health*, Miss I. MacKay; *Institutional Nursing*, Miss H. MacLaine, P.E.I. Hosp., Charlottetown; **Sec.-Registrar, Miss Muriel Archibald, Riley Bldg., Charlottetown.**

QUEBEC

The Association of Nurses of the Province of Quebec

The Association of Nurses of the Province of Quebec, created by Licensing Act, April 17, 1946, replacing The Registered Nurses Association of the Province of Quebec Incorporated February 14, 1920.

Pres., Mlle A. Martineau, 671 ave Ogilvy, Montréal 15; Vice-Pres. (*Eng.*), Sr. M. Felicitas, Miss H. Lamont; (*Fr.*), Sr. St. Ferdinand, Mlle G. Charbonneau; Hon. Sec., Miss M. Wheeler; Hon. Treas., Mlle E. Merleau; *Councillors*, Mlles M. Bissonnet (*Dist. 4*), A. Mailloux (*7*), M. A. Trudel (*8*), J. Gagnon (*9*), Mme M. Boisvert (*6*). The above constitute the *Executive Council* and are *Members of the Committee of Management*, together with: Mlles C. Julien, C. Samson, F. St. Pierre, L. Couet, M. Olivier, Misses V. Graham, K. Brady, C. Aitkenhead, Srs. Marie-Paul, Ste. Louise de Marillac Marcil, J. Forest. *Advisory Com.*, Misses G. M. Hall, M. S. Mathewson, E. C. Flanagan, C. V. Barrett, Mlles R. Aubin, G. Lamarre, M. Lacombe, F. Verret, Sr. Valérie de la Sagesse, Mrs. J. Green. *Com. Chairmen: Institutional Nursing* (*Eng.*), Miss R. Francis, Western Div., Gen. Hosp., Montreal 25; (*Fr.*), Sr. Denise Lefebvre, Institut Marguerite d'Youville, Mtl. 25; *Public Health* (*Eng.*), Miss A. Gage, 894 Osborne Ave., Verdun, Mtl. 19; (*Fr.*), Mlle E. Merleau, Can. Red Cross, 3416 rue McTavish, Mtl. 2; *Private Nursing* (*Eng.*), Miss R. Wood, 689 Rielle Ave., Verdun, Mtl. 19; (*Fr.*), To be appointed. *Chairmen, Board of Examiners*: (*Eng.*), Miss A. Haggart, Royal Victoria Hosp., Mtl. 2; (*Fr.*), Mlle J. Trudel, Hôp. Ste. Justine, Mtl. 10. **Sec.-Registrar, Miss Winonah Lindsay. Visitor to French Schools of Nursing, Mlle Suzanne Giroux.** ***Association Headquarters, 1522 Sherbrooke St. W., Montreal 25.***

District 1

Chairman, Mlle C. Julien, St-Charles Garnier, Cté Rimouski; Sec., Rév. Sr. Laurette de la Ste-Face, Sanatorium St-Georges, Mont-Joli.

District 2

Chairman, Mlle C. Samson, Hôtel-Dieu, Lévis; Sec., Mlle C. Aubert, 25 rue Commerciale, Bienville, Cté Lévis.

District 3

English Chapter; Chairman, Miss V. Graham, Sherbrooke Hosp.; Sec., Miss M. Beckwith, Sherbrooke Hosp. *French* Chapter: Chairman, Mlle R. Aubin, East Angus, Cté Compton; Sec., Sr. St-André,Hôp. Général St. Vincent de Paul, Sherbrooke.

District 4

Chairman, Mlle M. Bissonnet, R.R. 2, Douville, St. Hyacinthe; Sec., Sr. Stella Deziel, Hôp. St. Charles, St. Hyacinthe.

District 5

Chairman, Mlle F. St. Pierre, 209 rue Richelieu, St. Jean; Sec., Mlle R. Scott, 109 rue Missisquoi, Iberville.

District 6

Noranda Chapter: Chairman, Mme M. Boisvert, 313 ave Murdoch, Noranda; Sec., Mlle G. Parke, Hôp. d'Youville, Noranda. *Hull* Chapter: Chairman, Mlle M. Lacombe, Hôp. du Sacré-Coeur, Hull; Sec., Sr. Lucien de Jésus, Hop. du Sacré-Coeur, Hull.

District 7

Chairman, Mlle A. Mailloux, 24 rue St. Louis, St. Jérôme; Sec., Mlle E. Gauthier, Unité Sanitaire, L'Epiphanie.

District 8

Chairman, Mlle M. A. Trudel, 753 rue St. Maurice, Trois-Rivières; Sec.-Treas., Mlle V. Montour, Hôp. St. Joseph, au Beaulieu des Trois-Rivières.

District 9

French Chapter: Chairman, Mlle J. Gagnon, 404 rue St. Cyrille, Québec; Sec., Mlle G. Tessier, 400 boul. Charest, Ch. 604, Québec. *English* Chapter: Chairman, Mrs. J. Green, Jeffery Hale's Hosp., Quebec; Sec.-Treas., Miss M. Dawson, Jeffery Hale's Hosp., Quebec.

District 10

Chairman, Mlle L. Couet, 162 rue Rivière du Moulin, Chicoutimi; Sec., Mlle Lucie Côté, 427 rue Racine, App. 6, Chicoutimi.

District 11

French Chapter; Chairman, Mlle G. Charbonneau, Université de Montréal, C.P. 6128; Sec., Mlle M. Olivier, District Sanitaire Maisonneuve, 4298 rue Adam, Montréal 4; *English* Chapter: Chairman, Sr. M. Felicitas, St. Mary's Hosp., Montreal 26; Sec., Miss K. Brady, Verdun Protestant Hosp., Montreal 19.

SASKATCHEWAN

Saskatchewan Registered Nurses' Association (Incorporated 1917)

Acting Pres., Miss G. Motta, Gen. Hosp., Moose Jaw; Acting First Vice-Pres., Miss E. M. Earnshaw, 2316 Rae St., Regina; Sec. Vice-Pres., Sr. A. Ste. Croix, St. Paul's Hosp., Saskatoon; *Councillor*, Miss M. Diederichs, Providence Hosp., Moose Jaw; *Committee Chairmen: Institutional Nursing*, Miss M. Mackenzie, St. Paul's Hosp., Saskatoon; *Public Health Nursing*, Miss L. Miner, Health Region Office, Prince Albert; *Private Nursing*, Miss E. Waddington, B 15 Cambridge Crt., Saskatoon; Asst. Registrar, Miss A. Ralph; **Sec.-Registrar, Miss Lola Wilson, 401 Northern Crown Bldg., Regina.**

Regina Chapter, District 7

Hon. Pres., Sr. A. Brodeur; Pres., Miss E. James; Vice-Pres., Miss F. C. Maddaford, Mrs. R. McCallum; Sec.-Treas., Mrs. E. C. Parker, 4 Bartleman Apts.; Asst. Sec.-Treas., Miss N. Eddy, 26 Claire Apts.; *Committee Chairmen: Public Health*, Mrs. E. Martin; *Institutional*, Miss L. Wilson; *Private Duty*, Mrs. G. Perkins; *Rep. to The Cdn. Nurse*, Miss M. Goski, Grey Nuns' Hosp.

Alumnae Associations

ALBERTA

Calgary General Hospital

Past Pres., Mrs. W. Pillidge; Pres., Mrs. D. G. McInnes; Vice-Pres., Mmes J. Turner, A. Kuzyk; Rec. Sec., Miss D. Johnson; Corr. Sec., Mrs. T. Yearwood, 1231-13th Ave. W.; Treas. & *Membership*, Mrs. W. T. Brigden; *Committee Conveners: Program*, Miss M. Bugler; *Refreshments*, Mrs. W. R. Horrell; *Ways & Means*, Mrs. T. Bewick; *Visiting*, Mrs. C. W. Boyd; *Rep.* to *Press*, Miss M. Podwysocki.

Holy Cross Hospital, Calgary

Pres., Miss M. Sparrow; Vice-Pres., Mmes G. Colsen, C. Calvert; Sec., Miss D. Timmins; Corr. Sec., Mrs. E. Sullivan, 3819-16A St. S.W.; Treas., Mrs. G. Elleker; *Committees: Membership*, Misses B. Thorne, L. Thorne; *Paper*, Mrs. Eglise, Miss Letourneau; *Refreshments*, Mrs. F. Frome; *Entertainment*, Mmes G. Welsh, J. Grafton; *Visiting*, Mrs. R. Jackson.

Edmonton General Hospital

Hon. Pres., Rev. Srs. Superior, Keegan, Miss J. Slavik; Pres., Mrs. J. Pawlowski; Vice-Pres., Mmes M. Watson, J. O'Brien; Rec. Sec., Miss S. Trudel; Corr. Sec., Miss K. Pawlowski, 12430-111th Ave.; Treas., Mrs. T. Robinson; Pub. Sec., Mrs. R. Price; *Standing Committee*, Mmes E. Barnes (conv), T. Clarke (co-conv), Humphrey, Hough, P. Rentiers, Hope, E. Dennis, Miss Kelly; *Conv., Scholarship Fund*, Miss E. Bietsch.

Misericordia Hospital, Edmonton

Hon. Pres., Sr. Ste. Alban; Hon. Vice-Pres., Sr. Ste. Rudolph; Pres., Miss H. Willetts; Vice-Pres., Miss C. McLean, Mrs. G. Stewart; Sec., Miss A. Ostashek, 9922-111th St.; Treas., Mrs. M. Craig; *Committees: Social*, Mrs. V. Lewis, Misses V. Woytovich, Miss M. Motiuk; *Phone*, Miss J. Flaska, Mmes G. Suter, D. Ripley; *Paper*, Mrs. R. Heaney, Misses J. Clark, D. Wild, G. Lundquist; *Flower*, Mrs. E. Pike, Miss M. Ulmer; *Program*, Misses S. Williamson, Wild, Mrs. A. Dolan; *Basaar*, Misses M. Cogill, A. Scott; *Rep.* to *Press*, Mrs. A. Dyck.

Royal Alexandra Hospital, Edmonton

Hon. Pres., Miss I. Johnson; Pres., Mrs. J. Boutillier; Vice-Pres., Mmes K. McPhee, R. English; Rec. Sec., Miss I. Fairley; Corr. Sec., Mrs. R. V. Monro, 11532-88th St.; Treas., Mrs. G. Dunaway, 12218-106th St.; *Councillors*, Mmes J. Oliver, A. McDonald, N. Richardson; *Committee Conveners: Social*, Mrs. A. Layetske; *Benefit & Loan*, Miss Griffiths; *Visiting*, Mrs. Wheeler; *News Letter*, Miss M. Edgar; *Blue Book*, Miss J. Hamilton; *Reps.* to: *Local Council of Women*, Mrs. W. Stone; *United Nations*, Miss Johnson; *Press & The Cdn. Nurse*, Miss D. Watt.

School of Nursing
University of Alberta, Edmonton

Pres., Miss S. Anhill; Past Pres., Mrs. Macpherson; Vice-Pres., Miss K. McKnight; Sec., Mrs. J. Ward; Corr. Sec., Miss R. McClure, 10426-81st Ave.; Treas., Miss J. Gummeson, 12330-104th Ave.; *Social Conveners*, Misses G. Bailey, M. McTaggert.

Archer Memorial Hospital, Lamont

Pres., Mrs. A. Cowan; Vice-Pres., Mmes W. Motyka, A. Strong; Sec.-Treas., Mrs. B. I. Love, Elk Island National Park, Lamont; *Conveners: Publicity*, Mrs. D. H. Shearer; *Social*, Mrs. J. D. Soper (Edmonton); Miss D. Mitchell (Lamont); *News Ed.*, Mrs. M. A. Alton, Lamont; *Exec.*, Mmes T. A. Gregg, G. Harrold, L. Langford, Miss J. Graham.

Medicine Hat General Hospital

Pres., Miss F. Ireland; Vice-Pres., Mmes L. P. Garratt, G. Baumbach; Sec., Miss H. Shimbashi, M.H.G.H.; Treas., Mrs. T. Graham; *Historian*, Mrs. J. Barrie; *Visiting Conv.*, Miss E. R. Breakell; *Executive*, Mmes R. A. Lindsay, A. Dederer, E. Porter, G. Crockford, P. Wheadon.

Vegreville General Hospital

Hon. Pres., Sr. J. Boisseau; Hon. Vice-Pres., Sr. C. Clement; Pres., Mrs. A. Pawluik; Vice-Pres., Sr. M. Beaulieu; Sec.-Treas., Mrs. Caroline Dougan, Box 312, Vegreville.

BRITISH COLUMBIA

St. Paul's Hospital, Vancouver

Hon. Pres., Sr. Celina; Hon. Vice-Pres., Sr. Columkille; Pres., Mrs. D. Murray; Vice-Pres., Miss E. Black, Mrs. A. M. Lawson; Rec. Sec., Mrs. A. Barnes; Corr. Sec., Miss G. Warkentin, 2098 York St.; Treas., Mrs. M. Banner; *Committee Conveners: Finance*, Mrs. E. Thomson; *Bursary Loan*, Miss T. Lawton; *Sick Benefit & Emergency Fund*, Miss G. Corcoran; *Social*, Mrs. D. Cowper; *Program*, Mrs. G. Collishaw; *Publicity*, Miss J. Morrisey; *Visiting*, Mrs. C. McDonald; *Sports*, Miss A. Woods; *Ed., Alumnae Bulletin*, Mrs. F. Gray; *Rep.* to *The Cdn. Nurse*, Miss A. Belecky.

Vancouver General Hospital

Hon. Pres., Miss H. King; Past Pres., Miss M. Campbell; Pres., Mrs. R. Campbell; Vice-Pres., Misses A. Wakefield, F. Trout, O. Cotsworth; Exec. Member, Mrs. M. D. Saunders; Exec. Sec., Mrs. M. C. Faulkner, 587 W. 18th Ave ; *Committee Conveners: Education*, Mrs. D. McLaren; *Membership*, Miss L. Hurst; *Program*, Miss F. Chestnut; *Publicity*, Miss H. Rogers.

Royal Jubilee Hospital, Victoria

Pres., Miss M. Plunkett; Vice-Pres., Mmes D. Shepherd, M. Conyers; Sec., Mrs. P. Turgoose, 667 St. Patrick St.; Asst. Sec., Miss J. Wood; Treas., Mrs. N. McConnell, 2406 Central Ave.; *Committee Conveners: Visiting*, Mrs. D. Neale; *Social*, Mrs. D. Pite; *Membership*, Mrs. A. Evans; *Phone*, Mrs. C. A. Flower; *Rep.* to *Press*, Miss J. Challoner.

St. Joseph's Hospital, Victoria

Hon. Pres., Sr. Rose Mary; Hon. Vice-Pres., Sr. M. Gregory; Pres., Mrs. I. Moore; Vice-Pres., Mmes J. D. Maltman, D. Jones; Rec. Sec., Mrs. H. Woodhead; Corr. Sec., Mrs. G. Rose; Treas., Mrs. H. R. Carey, 2131 Fair St.; *Committees: Membership*, Mrs. Maltman; *Program*, Mrs. E. Daniher; *Vital Statistics*, Miss H. Cruikshank; *Refreshments*, Mrs. R. Staples; *Resolutions*, Mmes E. Corbet, J. Reed, R. Ditchburn; *Councillors*, Mmes Ditchburn, Playfair, Ingle, J. Grant; *Rep.* to *Press*, Mrs. G. Field.

MANITOBA

St. Boniface Hospital

Hon. Pres., Sr. Clermont; Pres., Miss H. Oliver; Vice-Pres., Misses M. Gibson, J. Williamson; Rec. Sec., Miss B. Wood; Corr. Sec., Miss L. Weibe, 92 Canora St., Winnipeg; Treas., Miss M. Manson; *Committee Conveners: Membership*, Miss A. Zelinsky; *Visiting*, Miss D. MacDonald; *Social*, Mrs. S. Mahaffy; *Archivist*, Miss V. Peacock; *Reps.* to: *M.A.R.N.*, Miss V. Williams; *Local Council of Women*, Mrs. Lawson; *Press*, Miss F. Avery; *The Canadian Nurse*, Miss G. Baxter.

Children's Hospital, Winnipeg

Pres., Miss W. Fidlar; Vice-Pres., Miss D. Motriuk; Rec. Sec., Miss C. Scarth; Corr. Sec., Miss G. Vaughan, C.H.; Treas., Mrs. H. Davies; *Committees: Ways & Means*, Mrs. W. Boyd; *Program*, Mmes Love, H. Brown; *Visiting*, Mrs. W. V. Stalker; *Refreshments*, Miss J. Kroeker; *Membership*, Mmes H. W. Moore, J. C. Kirby; *Reps.* to: *Local Council of Women*, Miss J. Boyd; *Hosp. Board*, Mrs. H. Barbor.

Grace Hospital, Winnipeg

Pres., Miss Betty Harvey; Vice-Pres., Mrs. M. Davis; Sec.-Treas., Miss A. Bennett, 261 Furby St.; *Committees: Membership*, Mmes D. Stephenson, L. Bloomer, J. Moffatt; *Entertainment*, Misses B. Coulthard, I. Laurie, Mmes H. McLeod, V. Symons.

Misericordia Hospital, Winnipeg

Hon. Pres., Miss G. Thompson; Pres., Miss M. Wilson; Vice-Pres., Mrs. V. McCullough; Sec., Mrs. E. Laveque, 164 Horace St.; Treas., Miss D. Borthistle; *Committee Conveners: Social*, Mrs. E. Martin; *Visiting & Membership*, Mrs. E. Christianson; *Program*, Mrs. E. McLaren; *Rep.* to *The Cdn. Nurse*, Miss B. Philippe.

Winnipeg General Hospital

Hon. Pres., Miss E. Gilroy; Pres., Mrs. J. E. Wilson; Vice-Pres., Mmes R. Williams, G. H. Palmer, Miss W. Stevenson; Rec. Sec., Mrs. G. Kent; Corr. Sec., Miss A. Robertson, 112 Royal St.; Treas., Mrs. R. J. Sturgeon; *Committees: Program*, Mrs. W. H. Anderson; *Membership*, Mrs. J. F. Duff; *Visiting*, Miss I. Johnson; *Journal*, Mmes C. G. Kershaw, A. E. Reynolds, Miss C. Cosgrove; *Scholarship Fund*, Miss S. Tretiak; *Archivist*, Mrs. R. E. Emmett; *Reps.* to *School of Nursing*, Mrs. J. D. McQueen; *Drs. & Nurses Directory*, Miss A. Billinkoff; *Welfare Council*, Miss J. Kerr; *Council of Women*, Mrs. E. Grist; *The Cdn. Nurse*, Miss I. Aikman.

NEW BRUNSWICK

Hotel Dieu Hospital, Campbellton

President, Mrs. Ernest Hennessey; Vice-President, Mrs. Raymond Callaghan; Secretary-Treasurer, Miss Rose Marie Allain, 23 Water St.

Victoria Public Hospital, Fredericton

Pres., Mrs. J. Stone; Vice-Pres., Mmes F. Wilson, G. McGinnis, Miss G. Bruce; Sec.-Treas., Mrs. M. J. Smith, V.P.H.; Asst. Sec.-Treas., Miss K. MacFarlane; *Publicity*, Mrs. M. Scott; *Add. Exec. Members*, Miss M. Barry, Mrs. B. Colter.

Saint John General Hospital

Hon. Pres., Miss E. J. Mitchell; Pres., Miss B. Selfridge; Vice-Pres., Mrs. W. McKinnon, Miss S. Wetmore; Sec., Miss M. Moore, S.J.G.H.; Asst. Sec., Miss A. Hanscome; Treas., Mrs. S. Rankin; Asst. Treas., Mrs. L. Dunlop; *Committee Conveners: Program*, Miss A. K. Donahue; *Refreshment*, Mrs. M. O'Neal; *Visiting*, Miss P. Harrity; *Publicity*, Miss Moore; *Auditor*, Mrs. Dunlop; *Add. Exec. Member*, Miss J. Johnson.

Carleton Memorial Hospital, Woodstock

Pres., Mrs. John Hale, Pine St.; Vice-Pres., Mrs. B. Gardiner, Union St.; Sec.-Treas., Mrs. Percy Colwell, Main St.; *Exec. Com.*, Mrs. A. Wort, Main St.; Mrs. F. Dunham, Broadway; Mrs. W. Slipp, Chapel St.; Mrs. P. Raymond, Broadway; *Rep.* to *Press*, Mrs. W. B. Manzer, Chapel St.

NOVA SCOTIA

Nova Scotia Hospital, Dartmouth

Pres., Mrs. B. Antonick; Vice-Pres., Mrs. C. O'Neill; Sec., Mrs. M. Keddy; Treas., Mrs. K. Winters, 123 Willow St., Halifax; *Committees: Ways & Means*, Mmes L. Murphy, M. Schmeisser; *Program*, Miss M. MacDougall, Mrs. P. Dean; *Refreshments*, Mrs. I. Jackson; *Visiting*, Mmes R. MacArthur, B. Dunn; *Publicity*, Mrs. J. Whelley; *Board of Directors*, Mmes L. Murphy, P. Dean, C. O'Neill.

Halifax Infirmary

Pres., Miss M. Meade; Vice-Pres., Mrs. C. Joncas; Rec. Sec., Mrs. A. Burns; Corr. Sec., Mrs. D. Phillips; 98 Wellington St.; Treas., Miss P. Lynch; *Committee Conveners: Visiting*, Mrs. K. Duggan; *Entertainment*, Mrs. S. Power; *Reps.* to: *Blue Cross*, Miss F. Doucet; *Press*, Miss C. Carson; *The Canadian Nurse*, Miss A. Doucette.

Victoria General Hospital, Halifax

Pres., Mrs. T. Carpenter; Vice-Pres., Mrs. H. S. T. Williams, Miss S. Nott; Sec., Miss L. Hiltz, V.G.H.; Treas., Miss G. Flick, Apt. 1, 31 South St.; *Committees: Visiting*, Miss M. Ripley, Mrs. D. Grant; *Entertainment*, Misses J. Elliott, N. Harris, M. Hatfield, Mmes C. A. MacDonald, M. Parker; *Board of Directors*, Misses R. Vincent, G. Gunn, Mrs. J. M. Cameron.

Aberdeen Hospital, New Glasgow

Hon. Pres., Miss Nina Grant; Pres., Mrs. Clyde Cooke; Sec., Mrs. Terry Farrell; Treas., Miss Jessie McLaughlin, A.H.; *Rep.* to *Press*, Mrs. Mac G. MacLeod.

City Hospital, Sydney

Hon. Pres., Miss A. Martin; Pres., Mrs. Hilda Wall; Sec., Miss L. Bagnell; Treas., Miss M. O'Connor, C.H.; *Committee Conveners: Publicity*, Mrs. C. Hillcoat; *Flower*, Miss C. MacNeil; *Rep.* to *The Cdn. Nurse*, Miss L. Munro.

ONTARIO

Belleville General Hospital

Pres., Miss Elinor Newman; Vice-Pres., Mrs. Dorothy Taylor; Sec., Miss Ruth Kellar, 166 Ann St.; Treas., Miss Betty Mastin.

Brantford General Hospital

Hon. Pres., Miss J. M. Wilson; Pres., Mrs. G. Brittain; Vice-Pres., Miss A. M. Riddle, Mrs. V. Cheyne; Sec., Miss J. Spicer; Treas., Miss M. Gillin; *Committees: Gift*, Misses M. Southward, J. Greenaway; *Flower*, Mrs. J. Hurley, Miss D. Rashleigh; *Social*, Miss O. Plumstead; *Reps.* to: *Local Council of Women*, Mrs. E. Scott; *Council of Social Agencies*, Miss G. Westbrook; *Press & The Cdn. Nurse*, Miss M. Edward.

Brockville General Hospital

Hon. Pres., Misses Shannette, A. E. Moffatt; Pres., Miss H. Corbett; Vice-Pres., Mrs. H. W. Greene, Miss R. Carbery; Sec., Mrs. H. Bishop, 89 King St. W.; Treas., Mrs. W. Stewart; Asst. Sec.-Treas., Miss E. Thorpe; *Committees: Membership*, Misses V. Preston, J. Martin; *Visiting & Gift*, Miss V. Kendrick; *Social*, Mrs. D. Drummond; *Property*, Mmes H. W. Greene, W. E. Cooke; *Reps.* to: *Blue Cross*, Mrs. C. Babcock; *Press*, Miss Carbery.

Ontario Hospital, Brockville

Pres., Mrs. E. Wilkins; Vice-Pres., Mrs. O. Belfoi, Miss G. Best; Sec., Mrs. B. Kirker; Treas., Mrs. O. Bigford, 9 Hubble St.; *Committees: Membership*, Mmes J. Gaffney, C. Jenkins, M. Fairbourne; *Welfare*, Mmes S. Wilson, A. Haggerty, H. Forbes; *Social*, Mrs. R. Warner, Misses M. Martin, T. Lynch; *Rep.* to *Press*, Mrs. A. Dodds.

Public General Hospital, Chatham

Hon. Pres., Miss P. Campbell; Pres., Mrs. Ruth Judd; Vice-Pres., Mrs. R. Brown, Miss M. Cochrane; Rec. Sec., Miss M. Case, 91½ Delaware Ave.; Corr. Sec., Mrs. K. Brisley; Asst. Corr. Sec., Miss B. Stenton; Treas., Mrs. M. Case; *Historian*, Miss L. Hastings; *Councillors*, Misses V. Dyer, Tinney, M. McNaughton, D. Thomas.

St. Joseph's Hospital, Chatham

Hon. Pres., Sr. Consolata; Hon. Vice-Pres., Sr. Georgina; Pres., Miss P. Taschereau; Vice-Pres., Mrs. C. I. Salmon, Miss D. Carley; Rec. Sec., Miss D. Marini; Corr. Sec., Miss A. Kenny, 258 Queen St.; Treas., Mrs. E. Peco; *Committees: Program*, Mrs. H. Colby, Misses M. Zimmer, J. Wright; *Refreshments*, Miss I. Costello, Mmes H. Kehoe, J. Haslip; *Buying*, Mrs. J. Embree, Miss M. Doyle; *Councillors*, Miss F. Richardson, Mmes H. McPherson, I. Mulhern; *Reps.* to: *Blue Cross*, Mrs. M. Mulhern; *Press*, Miss Marini; *The Cdn. Nurse*, Mrs. M. Jackson.

Cornwall General Hospital

Hon. Members, Mrs. Baldick, Miss M. Nephew; Pres., Mrs. F. Cameron; Vice-Pres., Mmes E. Coons, V. Fenton; Sec., Mrs. P. Rutley; Treas., Miss E. Connors; *Committee Conveners: Membership*, Mrs. J. Kilgour; *Flowers & Gift*, Miss E. Allen; *Social & Program*, Mrs. M. McGowan; *Reps.* to *Press*, Miss C. Smith; *The Cdn. Nurse*, Mrs. M. McAteer, C.G.H.

Hotel Dieu Hospital, Cornwall

Hon. Pres., Sr. St. George; Pres., Mrs. M. Payment; Vice-Pres., Mrs. H. McGregor; Sec.-Treas., Sr. Windle, H.D.H.; *Committee Conveners: Membership*, Mrs. A. Renaud; *Social*, Sr. St. Margaret Mary.

McKellar Hospital, Fort William

Hon. Pres., Miss S. Davidson; Pres., Miss A. Malmborg, 238 S. Archibald St.; Vice-Pres., Mrs. D. Wallace; Sec., Mrs. G. MacLeod; Corr. Sec., Miss D. Forester; Treas., Mrs. F. Stanfield; *Council*, Miss E. Knickerbocker, Mmes A. Fedori, R. Bowles, H. McConnell, M. Friday.

Galt Hospital

Hon. Pres., Miss G. Hill; Pres., Miss A. Stoltz; Vice-Pres., Miss B. Leslie; Sec., Mrs. G. Byrne; Treas., Miss J. Gilchrist, 7 Dalton Apts.; *Committees: Flowers & Gifts*, Miss H. Blagden; *Social*, Misses F. Clark, F. Cole; *Program*, Mrs. Byrne; *Phone*, Miss C. Murphy, Mrs. L. Maddock; *Rep.* to *Press*, Mrs. W. Bell.

OFFICIAL DIRECTORY

Guelph General Hospital

Hon. Pres., Miss R. Gaw; Past Pres., Miss M. McFee; Pres., Miss L. Campbell; Vice-Pres., Mrs. L. Gausden, Miss J. Scott; Sec. & *Social Conv.*, Mrs. G. M. Elliott, R.R. 4, Guelph; Treas., Miss C. Ziegler, 48 Delhi St.; *Committees: Program*, Miss B. Reid; *Social*, Mrs. Parkinson; *Gifts & Cards*, Miss E. Stewart; *Overseas Parcels*, Miss E. Padfield; *Wedding Gifts*, Misses E. Lunau, H. Standing; *Reps.* to *Blue Cross*, Miss F. Mortimer; *Press & The Cdn. Nurse*, Mrs. Parkinson.

St. Joseph's Hospital, Guelph

Hon. Pres., Sr. M. St. Paul; Hon. Vice-Pres., Sr. M. Alphonsine; Pres., Mrs. N. Wilton; Vice-Pres., Mrs. K. Thomson; Sec., Miss Margaret Hanlon, R.R. 6; Corr. Sec., Mrs. M. Clayton; Treas., Mrs. C. Kelly; *Entertainment Conv.*, Miss H. Scroggie; *Blue Cross Conv.*, Miss Hanlon.

Hamilton General Hospital

Hon. Pres., Miss C. E. Brewster; Pres., Mrs. E. Lamb; Vice-Pres., Misses A. Griffin, J. Hurst; Rec. Sec., Miss R. Bowslaugh; Corr. Sec., Miss M. Irving, 113 Wellington St. S.; Treas., Mrs. A. Massie, 56 Connaught Ave. S.; *Treas., Mutual Benefit Ass'n.*, Miss G. Coalthart; *Committee Conveners: Social*, Miss A. Welstead; *Flower*, Miss Kinsman; *Membership*, Miss M. Stewart; *W. F. Langrill Educ. Fund*, Miss Watson; *Publications*, Miss E. Ferguson.

Ontario Hospital, Hamilton

Pres., Miss M. A. Seeman; Vice-Pres., Miss S. Legris; Sec., Miss E. Orr, O.H.; Treas., Miss L. Angle; *Committees: Social*, Misses A. Legree, A. Porteous, M. Abrams, Mrs. M. Stoneman; *Visiting*, Mmes M. Sutherland, D. Jeffrey; *Rep.* to *Press*, Mrs. A. Kroeker.

St. Joseph's Hospital, Hamilton

Hon. Pres., Sr. M. Geraldine; Pres., Miss M. Donovan; Past Pres., Miss M. Fitzgerald; Vice-Pres., Mrs. P. Mancini, Miss D. Battersby; Rec. Sec., Miss M. Scharbach; Corr. Sec., Miss A. McPhail, 235 Province St. S.; Treas., Mrs. D. Cumming, 1253 Main St. E., Apt. 3; *Reps.* to: *R.N.A.O.*, Miss E. Oliveri; *The Cdn. Nurse*, Miss S. Quance.

Kingston General Hospital

Hon. Pres., Miss L. D. Acton; Pres., Mrs. R. Ryder; Vice-Pres., Misses P. Ohlke, J. Godard; Sec., Miss S. Finlay, 527 Johnson St.; Treas., Miss R. Atkins; Asst. Treas., Mrs. G. Hunt; *Committee Conveners: Flower & Gift*, Mrs. S. Smith; *Program*, Mrs. A. Armstrong; *Reps.* to: *Private Duty Nurses*, Miss Rogers; *Film Council*, Mrs. Spence; *Local Council of Women*, Mrs. Leggett.

Kitchener-Waterloo Hospital, Kitchener

Hon. Pres., Miss J. Young; Pres., Mrs. R. Hodd; Vice-Pres., Mrs. H. Schmalz; Sec., Mrs. F. Snyder; Corr. Sec., Mrs. C. Pequegnat; Treas., Mrs. R. P. Ruppel, 217 Glasgow St.; Asst. Treas., Mrs. E. Lescom.

St. Mary's Hospital, Kitchener

Hon. Pres., Sr. M. Augustine; Hon. Vice-Pres., Sr. M. Paula; Pres., Mrs. C. Sehl; Vice-Pres., Miss A. Sabisch; Rec. Sec., Miss A. Psutka; Corr. Sec., Mrs. M. Weber, 369 Frederick St.; Treas., Mrs. K. M. Colombe, 39 Mary St.

Ross Memorial Hospital, Lindsay

Hon. Pres., Miss E. Reid; Hon. Vice-Pres., Miss B. M. Allen; Pres., Mrs. H. Lawrence; Vice-Pres., Mmes A. Terrill, E. Mark; Sec.-Treas., Miss W. Windatt, R.M.H.; *Committees: Membership*, Misses J. Ferguson, L. Brintnell; *Program*, Mmes V. Wagstaffe, M. Morrison, Miss Brintnell; *Rep.* to *Press*, Miss I. Brass.

Ontario Hospital, London

Pres., Mrs. M. Daiken; Vice-Pres., Mmes H. Bruner, M. Maloney; Sec., Mrs. E. McKinlay, Nurses' Res., Westminster Hosp.; Treas., Mrs. W. Soutar; Asst. Sec.-Treas., Mrs. J. Gilpin; *Committee Conveners: Flower*, Mrs. E. Grosvenor; *Social*, Mrs. H. Hilgert; *Rep.* to *Press*, Mrs. A. V. Reilly.

St. Joseph's Hospital, London

Hon. Pres., Sr. Fabian; Hon. Vice-Pres., Sr. Ruth; Pres., Miss P. Gray; Vice-Pres., Misses N. Griffin, M. Watson; Rec. Sec., Miss P. McKeough; Corr. Sec., Miss M. McIntyre, 449 Dundas St.; Treas., Miss P. O'Dwyer; *Social Conv.* Miss M. F. Costello; *Registry*, Misses F. Carfrae, F. Caddy; *Reps.* to: *Press*, Mrs. M. Hardy; *The Cdn. Nurse*, Miss S. Gignac.

Victoria Hospital, London

Hon. Pres., Miss H. Stuart; Hon. Vice-Pres., Miss R. Thompson; Pres., Miss M. Kennedy, 1032 Patricia St.; Vice-Pres., Miss L. Cummings, Mrs. N. Thompson; Rec. Sec., Mrs. H. Kennedy; Corr. Sec., Mrs. C. McBride, 267 Briscoe St., Treas., Mrs. E. Humphries, 334 St. James St.; *Blue Cross Sec.* Miss M. Hardie, 25 Carfrae Cres.; *Board of Directors*, Mmes E. Logan, A. Robinson, Misses B. Wilkins, M. Waterman, D. Atkinson, M. Moir; *News Bulletin*, Miss M. Waterman (*Ed.*), V.H. Res.; *Assts.*, Miss C. Gillies, Mrs. Thompson.

Soldiers' Memorial Hospital, Orillia

Hon. Pres., Miss Buchanan; Pres., Miss P. Dixon; Vice-Pres., Miss M. McCuaig, Mrs. H. Cotton; Sec., Miss V. Hewitt, S.M.H.; Treas., Mrs. H. Hannaford, 316 Colborne St. W.; *Committee Conveners: Social*, Mrs. Middleton; *Visiting*, Miss J. MacLelland; *Program*, Miss P. Dixon; *Auditors*, Miss M. MacLelland, Mrs. Burnett; *Directors*, Misses M. McCuaig, M. MacLelland, Mrs. Deverall.

Oshawa General Hospital

Hon. Pres., Miss M. Bourne; Pres., Miss A. Schaan; Vice-Pres., Miss M. Gifford, Mrs. J. Lofthouse; Sec., Mrs. B. Murphy; Corr. Sec., Miss P. Henry, 210 Dearborn St.; Asst. Corr. Sec., Miss M. A. Wickham; Treas., Miss J. Hunter, 304 Leslie St.; Asst. Treas., Miss E. Wray; *Committees: Program*, Mrs. J. Simmons, Miss F. Gilroy; *Social*, Mrs. M. Nesbitt, Miss A. Sturrock; *Flower*, Miss M. Brown; *Ed., Bulletin*, Mrs. L. Dean; *Rep.* to *The Cdn. Nurse*, Mrs. J. Jeffrey, 300 Golf St.

Lady Stanley Institute (Incorporated 1918) Ottawa

Hon. Pres., Mrs. W. S. Lyman; Hon. Vice-Pres., Misses M. Stewart, E. Young; Pres., Mrs. J. A. Steele; Sec., Mrs. R. B. Bryce, 147 Primrose Ave.; *Directors*, Mmes M. E. Jones, W. A. Oliver, R. L. Gisborne, Miss Pridmore; *Flower Conv.*, Miss D. Booth; *Reps.* to: *Local Council of Women*, Mrs. Bennett; *Press*, Mrs. C. Porte; *The Cdn. Nurse*, Miss E. Johnston.

Ottawa Civic Hospital

Hon. Pres., Miss E. Young; Pres., Miss V. Adair; Past Pres., Miss E. Horsey; Vice-Pres., Misses L. Patterson, J. Milligan; Rec. Sec., Miss D. Clark; Corr. Sec., Miss L. Barry, 125 Bayswater Ave.; *Treas. & "Spokes Speak" Conv.*, Miss M. Lamb, 222-1st Ave., Apt. 2; Asst. Treas., Miss W. Gemmell; *Committee Conveners: Flower*, Miss D. Ainger; *Nominating*, Miss L. Gourlay; *Rep.* to *The Canadian Nurse*, Miss E. Poitras.

Ottawa General Hospital

Hon. Pres., Sr. Superior; Hon. Vice-Pres., Sr. Honorine; Pres., Mrs. D. Kipp; Vice-Pres., Misses T. D'Aoust, M. Prindiville; Sec., Miss M. Phillips, 66-5th Ave., Apt. 3; Treas., Miss J. Stock; *Councillors*, Sr. Madeline of Jesus, Misses G. Boland, M. Joyce, Mmes R. Seguin, S. Sims, H. Racine; *Committee Conveners: Program*, Miss Prindiville; *Visiting*, Miss T. Tremblay; *Membership & Sick Benefit*, Misses J. Frappier, Boland; *Reps.* to: *C.W.L.*, Mrs. E. McEvoy; *Blue Cross*, Mrs. N. Chassé; *Community Nursing Registry*, Misses A. Saunders, M. Butler; *The Cdn. Nurse*, Miss V. Belier.

St. Luke's Hospital, Ottawa

Hon. Pres., Miss E. Maxwell, O.B.E.; Pres., Mrs. G. Gamble; Vice-Pres., Miss G. Woods; Sec., Miss L. Craig; Treas., Mrs. H. Macfarlane, 127 Gloucester St.; *Committees: Flower*, Mrs. W. Creighton; *Nominating*, Miss M. Ross, Mrs. R. Brown; *Reps.* to: *Local Council of Women*, Mrs. R. Stewart; *Blue Cross & The Cdn. Nurse*, Miss I. Johnston.

Owen Sound General and Marine Hospital

Hon. Pres., Misses E. Webster, W. Cooke; Pres., Mrs. A. Story; Vice-Pres., Mrs. J. Dewar; Sec., Mrs. M. Keeling, 1064-1st Ave. A.W.; Treas., Miss E. Cook, 110-10th St. W.; *Committee Conveners: Program*, Miss M. Ankcorn; *Finance & Buying*, Miss A. Cook; *Social*, Miss E. McRae; *Reps.* to: *R.N.A.O.*, Mrs. G. Gillespie; *Blue Cross*, Miss R. Showell; *The Canadian Nurse*, Miss L. Schwartz.

Pembroke General Hospital
Lorrain School of Nursing

Hon. Pres., Sr. M. Camillus; Hon. Vice-Pres., Sr. St. Elizabeth; Pres., Miss E. Falconi; Vice-Pres., Miss E. Manders, Mrs. I. Kehoe; Sec.-Treas., Miss M. Manion, P.G.H.; *Committees: Publicity*, Miss H. St. James; *Social*, Miss J. Jamieson, Mrs. H. Patterson; *Membership*, Miss T. Clarke; *Councillors*, Miss I. Kehoe, Mmes T. P. Cully, F. Hemsley, T. Cassidy; *Ed., News Bulletin*, Mrs. V. O'Dacre.

Peterborough Civic Hospital

Hon. Pres., Miss E. Robson; Pres., Mrs. P. Kingdon, 179 Aberdeen Ave.; Past Pres., Mrs. R. Taylor; Vice-Pres., Mmes G. Wainwright, P. Logan; Sec., Mrs. D. Kernaghan; Corr. Sec., Miss P. Martyn, C.H.; Treas., Mrs. W. Clarke; *Committees: Program*, Miss M. Renwick; *Social*, Mmes A. Lockington, E. Wellman; *Bulletin*, Mrs. J. Mortimer; *Rep.* to *Local Council of Women*, Mrs. E. Conway.

St. Joseph's Hospital, Port Arthur

Pres., Miss C. Connolly; Vice-Pres., Miss D. Commuzzi; Rec. Sec., Mrs. N. Vescio; Corr. Sec., Miss M. McEwen; Treas., Mrs. J. Wilmot; *Exec.*, Miss M. Flanagan, Mmes E. Chase, A. Colleran, V. Carty, N. Wright; *Visiting Conveners: Port Arthur*, Mrs. I. Caron; *Fort William*, Miss R. Shackleton.

St. Catharines General Hospital
Mack Training School

Hon. Pres., Miss M. Lymburner, Mmes M. Hughes, Porteous; Pres., Mrs. E. G. Dewar; Vice-Pres., Mrs. L. Flight, Miss J. MacArthur; Sec., Miss J. Turner, 73 Lowell Ave.; Treas., Miss F. McArter; *Committee Conveners: Social*, Mrs. A. Morley; *Program*, Mrs. B. Christie; *Ways & Means*, Miss M. Slingerland; *Rep.* to *The Can. Nurse*, Miss E. Buchanan.

St. Thomas Memorial Hospital

Hon. Pres., Miss H. B. Lewis; Pres., Mrs. L. Mason; Vice-Pres., Mrs. L. Varney; Sec., Miss A. Claypole; Corr. Sec., Miss E. Dodds, 33 Wellington St.; *Committees: Flower*, Miss M. Bancroft; *Ways & Means*, Mrs. W. Clunas; *Purchasing*, Mrs. J. Arlien; *Social*, Mmes M. McIntyre, R. Marshall, Miss C. Ferris; *Rep.* to *R.N.A.O.*, Mrs. L. Barker.

Stratford General Hospital

Hon. Pres., Miss A. M. Munn; Pres., Mrs. W. Heinbuch; Vice-Pres., Miss A. Smith; Sec., Miss M. Fisher, 83 Dufferin St.; Treas., Mrs. C. Walkom, 244 Front St.; *Committees: Social*, Misses M. Hoy (*conv.*), G. Murr, Mmes A. Schellenberger, K. Waldie; *Flower & Gift*, Misses E. Fee (*conv.*), F. Becker, Mrs. M. Bain; *Reps.* to: *News Bulletin*, Mrs. M. Stoskopf; *Press*, Miss Fisher.

The Grant Macdonald Training School for Nurses, Toronto

Hon. Pres., Miss P. L. Morrison; Pres., Mrs. B. Darwent; Vice-Pres., Mrs. A. Wallace; Rec. Sec., Mrs. Cook, 16 Springhurst Ave.; Corr. Sec., Mrs. Jacques, 23 Fuller Ave.; Treas., Miss M. McCullough; *Social Convener*, Mrs. Smith.

Hospital for Sick Children, Toronto

Hon. Pres., Miss Jean Masten; Pres., Miss M. Forbes; Vice-Pres., Misses J. Pope, J. Poulton; Rec. Sec., Miss S. McIvor; Corr. Sec., Mrs. J. M. Samson, 252 Russell Hill Rd.; Treas., Mrs. C. P. Rance; Asst. Treas., Miss D. Robinson.

Riverdale Hospital, Toronto

Pres., Mrs. W. Forge; Vice-Pres., Miss G. Gastrell; Sec., Mrs. H. Meen, 52 Riverview Gdns.; Treas., Mrs. T. Fairbairn, 98 Duvernet Ave.; *Committee Conveners: Program*, Miss E. Comper; *Visiting*, Mmes C. Spreeman, H. Dunbar; *R.N.A.O.*, Miss M. Ferry; *Rep.* to *The Canadian Nurse*, Miss A. Armstrong.

St. John's Hospital, Toronto

Pres., Miss V. Holdsworth; Vice-Pres., Mmes B. Browett, Smith; Sec., Miss R. Turnbull; Treas., Mrs. P. Thring; *Visiting Convener*, Miss R. Ramsden.

St. Joseph's Hospital, Toronto

Pres., Miss M. Zeeben; Vice-Pres., Misses E. Biss, A. Smith; Rec. Sec., Miss H. Ward, St.J.H.; Corr. Sec., Miss M. Gowing; Treas., Miss M. Krapek; Asst. Treas., Miss J. Rowatt; *Committee Conveners: Program*, Miss H. Kelly; *Refreshment*, Miss M. Ball; *Social*, Miss V. Smith; *Membership*, Miss J. Gahan; *Councillors*, Misses M. Pirie, J. Harris, N. Ellis; *Reps.* to: *Blue Cross*, Miss S. Griffin; *Sick Nurse*, Miss A. Purcell; *R.N.A.O.*, Miss M. Kelly; *News Letter Staff*, Misses V. Smith, C. Shaw, V. Sewell, H. Sitarski.

St. Michael's Hospital, Toronto

Hon. Pres., St. Maura; Hon. Vice-Pres., Sr. M. Kathleen; Pres., Miss G. Ferguson; Vice-Pres., Misses D. Murphy, M. S. Ray, M. Moore; Rec. Sec., Miss P. Kelly; Corr. Sec., Miss E. Griffin; Treas., Miss G. Donovan, 141 Lawton Blvd.; *Committees: Nursing Education*, Miss G. Murphy; *Active & Assoc. Membership*, Miss T. Turcotte, Mrs. J. McCormack; *Reps.* to: *R.N.A.O.*, Miss S. Goodrow; *Blue Cross*, Mrs. A. Romano; *Central Registry*, Mrs. A. Romano, Misses A. M. Kramer, G. Egan; *Press*, Miss D. Bowman.

School of Nursing, University of Toronto

Hon. Pres., Miss E. K. Russell; Hon. Vice-Pres., Miss F. H. M. Emory; Past Pres., Miss E. Dick; Pres., Miss Eileen Cryderman; First Vice-Pres., Miss Gwladwen Jones; Sec. Vice-Pres., Miss Phyllis Jones; Sec.-Treas., Mrs. Charles Querrie, 23 Marmaduke St., Toronto 3.

Toronto East General Hospital with which is incorporated the Toronto Orthopedic Hospital

Hon. Member, Miss E. MacLean; Hon. Pres., Mrs. R. Couse; Pres., Miss M. Strongitharm; Vice-Pres., Misses M. Herbert, D. Trussler; Sec., Miss E. Davidson; Corr. Sec., Miss D. Brooks, 402 Sammon Ave.; Treas., Mrs. C. Philip; *Adv. Consultant*, Mrs. D. Seelig; *Committees: Visiting*, Miss MacLean; *Program*, Miss Trussler; *Social*, Miss Herbert; *News*, Misses G. Woodrow, J. Kennedy; *Reps.* to: *R.N.A.O.*, Miss R. Hollingsworth; *Blue Cross*, Mrs. R. Grice; *Registry*, Mrs. Proctor, Misses E. Roy, M. Stevenson; *Year Book & Class Rep.*, Mrs. R. Hunter.

Toronto General Hospital

Pres., Mrs. H. E. Martin; Vice-Pres., Miss E. Stuart, Mrs. M. Strong; Sec.-Treas., Miss Elsie B. Young, 4 Nottawa Ave., Algonquin Is., Toronto 2; *Councillors*, Misses E. Baily, C. McKinnon, L. McSweeney, B. Mummery.

Toronto Western Hospital

Hon. Pres., Miss B. L. Ellis, Mrs. C. J. Currie; Pres., Miss B. Miles; Vice-Pres., Misses K. Ellis, A. Bell; Corr. Sec., Miss M. McKenzie; Treas., Miss L. Burgess; *Blue Cross* Treas., Miss D. Armstrong; *Reps.* to: *R.N.A.O.*, Miss E. Smith; *The Can. Nurse*, Miss M. Steed.

Wellesley Hospital, Toronto

Hon. Pres., Miss E. K. Jones; Pres., Miss M. Sewell; Vice-Pres., Mrs. E. Jolly; Rec. Sec., Miss M. Smythe; Corr. Sec., Miss E. Cooke, 343 Danforth Ave., Apt. 3; Treas., Miss H. Carruthers; *Committees: Charity Fund*, Mrs. H. Farthing; *Social*, Miss A. F. MacLean; *Entertainment*, Mrs. H. D. Burns; *Membership*, Miss G. Carter; *Nominating*, Miss I. Donovan; *Custodian*, Miss B. Williams; *Auditors*, Miss A. Dinwoody, Mrs. J. Smith; *Rep.* to *Press*, Miss D. Elines.

Women's College Hospital, Toronto

Pres., Mrs. L. Lalone; Vice-Pres., Mrs. Hutcheon, Miss P. Murray; Rec. Sec., Miss M. Fargey; Corr. Sec., Mrs. F. Stacey, 108 Glenforest Rd.; Treas., Mrs. S. Hall, 134 St. Germaine Ave.; *Councillors*, Misses Groocock, A. Clinton, Mrs. J. Smith.

Ontario Hospital, New Toronto

Pres., Miss M. Bragg; Vice-Pres., Misses E. Baker, M. Dickie; Rec. Sec., Miss E. Greenslade; Corr. Sec., Miss L. Sinclair, 19-17th St., New Toronto 14; Treas., Mrs. E. Claxton; *Committees: Membership*, Misses V. Dancey, L. Robertson; *Program*, Miss E. Moriarty, Mrs. Lewis; *Social*, Misses G. Reid, H. Whitman,

Mrs. J. Wallace; *Scholarship*, Miss A. Burd; *Flower Fund*, Misses Burd, Corkery; *Rep.* to *The Can. Nurse*, Miss Whitman.

Connaught Training School for Nurses Toronto Hospital for Tuberculosis, Weston

Hon. Pres., Miss E. Macpherson Dickson; Pres., Miss E. Tilyard; Vice-Pres., Miss H. Dixon; Sec., Miss P. Reid, 188 Glenvale Blvd., Toronto 17; Treas., Mrs. L. E. Bruford, 1133 Greenwood Ave., Toronto 6; *Committee Conveners: Social*, Mrs. M. Harrison; *Flower*, Mrs. L. Lohnas.

Grace Hospital, Windsor

President, Mrs. Beverley Martin; Vice-President, Miss Kathleen Burgess; Secretary, Miss Helen Curok; Treasurer, Mrs. Shirley Gault.

Woodstock General Hospital

Hon. Pres., Miss C. MacCullie; Pres., Miss R. Loosmore; Vice-Pres., Miss G. Jones; Sec., Miss V. Aspden; Asst. Sec., Miss B. Gordon; Corr. Sec., Mrs. J. Town, 385 Ingersoll Ave.; Treas., Miss J. Cruickshank; *Committees: Program*, Mrs. L. Tyler, Misses B. Calvert, M. Goad; *Social*, Misses K. Start, A. Waldie, M. Hodgins; *Flower & Gift*, Mrs. P. Meadows, Miss G. Budd; *Reps.* to: *Blue Cross*, Mrs. C. Tatham, Jr.; *Press*, Miss Budd.

PRINCE EDWARD ISLAND

Prince Edward Island Hospital Charlottetown

Pres., Mrs. Leonard Vatcher; Vice-Pres., Miss Kay Williams; Sec., Mrs. William W. MacEachern; Treas., Miss Frances MacMillan, P.E.I.H.

QUEBEC

Children's Memorial Hospital, Montreal

Pres., Mrs. F. C. Martin, 3847 Hampton Ave.; Vice-Pres., Mrs. Rolph Illi, 3425 Ridgewood Ave., Apt. 421; Sec., Miss Hilda Nuttall, C.M.H.; Treas., Mrs. R. Folkins, 732 Graham Blvd., Town of Mount Royal, Montreal 16.

Queen Elizabeth Hospital, Montreal

Hon. Pres., Miss E. Geiger; Pres., Mrs. Pugsley, 1555 Summerhill Ave.; Vice-Pres., Miss Hawke; Sec., Mrs. G. Harper, 5881 Monkland Ave.; Asst. Sec., Miss Hughes; Treas., Mrs. Blandford, 4200 Maplewood Ave.; Asst. Treas., Miss Edwards; *Committees: Entertainment*, Miss Cox; *Refreshment*, Misses D. Bogli, B. Prusis, K. Grant, R. Stelps; *Visiting*, Miss McMurtry; *Sick Benefit*, Miss Garrick; *Membership*, Miss Bennett; *Reps.* to: *Local Council of Women*, Mrs. Esson; *The Can. Nurse*, Miss MacDonald; *News Notes*, Miss Muir.

Hôpital Notre-Dame, Montréal L'Association des Gardes-Malades Diplômées

Prés., Mlle J. Ouimet; Vice-Prés., Mlles M. Lavergne, M. Harel; Sec.-Arch., Mlle M. Paquette; Sec.-Corr., Mlle O. Thériault; Trés., Mlle L. Ste-Marie; *Conseillères*, Mlles C. Brault, T. Gagné, T. Thériault, A. Martineau.

Montreal General Hospital

Pres., Mrs. T. C. Read; Vice-Pres., Miss N. Mackenzie, Mrs. B. S. Johnston; Rec. Sec., Miss J. Anderson; Corr. Sec., Miss C. Aitkenhead, Sherbrooke Hosp.; Treas., Misses I. Davies, M. MacLeod; *Committees: Exec.*, Misses M. Mathewson, B. Herman, M. Brogan, I. Jensen, Mrs. L. Fisher; *Visiting*, Miss M. Stevens, Mrs. G. Sonne; *Program*, Misses M. Yearsley (*conv.*), C. McIntosh, Mrs. J. L. Stewart; *Refreshment*, Misses I. Riley (*conv.*), W. Vibert, B. Robinson; *Reps.* to: *Private Duty*, Mrs. E. Crawford; *Mtl. Council of Women*, Mmes J. T. Allan, T. O. Evans; *The Can. Nurse*, Miss A. Shea. *MUTUAL BENEFIT ASS'N:* Pres., Mrs. T. C. Read; Vice-Pres., Miss N. Mackenzie; Sec., Miss J. Anderson; Treas., Misses Davies, MacLeod; *Exec. Com.*, Misses Mathewson, C. Angus, H. Brokenshire, Mrs. S. Townsend.

Royal Victoria Hospital, Montreal

Hon. Pres., Mrs. M. A. Stanley; Pres., Mrs. C. Sutherland; Vice-Pres., Miss H. Lamont, Mrs. W. E. S. Greene; Rec. Sec., Miss L. Ellis; Sec.-Treas., Mrs. R. C. Fetherstonhaugh, Alumnae Office, Nurses' Home; *Board of Directors*, Misses J. MacKay, Lamont, R. Ackhurst, M. Reid, L. Ellis, M. Warnock, A. Crickard, G. Purcell, K. Hudson, Mmes Sutherland, Greene; *Standard Committees: Finance*, Miss Crickard; *Program*, Miss Ackhurst; *Private Duty*, Miss Reid; *Rep.* to *The Can. Nurse*, Miss J. E. MacGregor.

St. Mary's Hospital, Montreal

Pres., Mrs. A. Bailey; Vice-Pres., Miss K. Brady; Rec. Sec., Mrs. T. Robillard; Corr. Sec., Miss Mabel Smith; Treas., Miss K. Harvey; *Committees: Membership*, Miss K. Oikawa; *Hospitalisation*, Miss E. O'Hare; *Visiting*, Mmes P. Brady, C. Burton; *Social*, Mmes A. O'Connor (*conv.*), O. Reilly, Misses C. Lavoie, W. Rygier; *Private Duty*, Misses D. Sullivan, R. Woods; *Rep.* to *Press*, Miss B. Grace, 4010 Côte Ste. Catherine Rd., Apt. 12.

McGill University, Montreal School for Graduate Nurses

Pres., Miss G. Purcell; Vice-Pres., Miss A. Gage; Sec., Miss D. E. Wright, Royal Victoria Hosp.; Treas., Miss G. Gorelick; *Committee Conveners: Publication*, Miss M. Holder; *Entertainment*, Miss McKillop; *Reps.* to: *Teaching*, Miss P. Pike; *Administration*, Miss M. McCrae; *Public Health*, Miss M. Blacklock; *Local Council of Women*, Mmes J. Allan, E. McNaughton; *Ex Officio*, Miss K. Dickson.

Jeffery Hale's Hospital, Quebec

Pres., Mrs. L. Teakle; Vice-Pres., Mmes I. West, A. Seale; Sec., Mrs. J. Pugh, 26 Cremazie St.; Treas., Miss A. MacDonald, *Councillors:* Mmes Cormack, Davidson, Pugh, Simons, Miss Weary; *Committees: Visiting*, Mmes Simons, Kennedy, Miss Walsh; *Purchasing*, Mmes Nattress, Seale, Miss Weary; *Program*, Mmes Kennedy, Myers, Baptist, Miss Dawson; *Service Fund*, Mmes Seale (treas.), Cormack, Misses Perry, Ford; *Refreshment*, Misses Richardson, Radley-Walters, MacDonald, Mmes Travers, Murray, Baptist, Pugh, Green, Seale; *Reps.* to: *Private Duty*, Mmes Baptist, Davidson; *The Canadian Nurse*, Miss M. Dawson.

Sherbrooke Hospital

Pres., Miss R. Sutton; Vice-Pres., Mmes A. Lockley, J. Colton; Rec. Sec., Miss N. Beattie; Corr. Sec., Mrs. A. Savage, 514 Short St.; Treas., Mrs. G. Bryant; *Committees: Entertainment*, Mrs. G. Burt; *Flower & Gift*, Mmes N. Coates, H. Leslie; *Rep.* to *The Can. Nurse*, Miss V. Davies.

Reddy Memorial Hospital, Westmount

Hon. Pres., Miss E. Trench; Pres., Mrs. R. Wolfson; Vice-Pres., Mmes A. Wheeler, R. Brown; Rec. Sec., Miss L. Hanson; Corr. Sec., Mrs. E. Paterson, 4966 Decarie Blvd., Mtl. 29; Treas., Miss E. Francis; *Committees: Social*, Mmes H. Levin, L. Rutherford, Wolfson; *Visiting*, Mmes R. Brown, L. Crewe; *Reps.* to: *M.G.N.A.*, Mrs. O. Salvaneschi; *The Can. Nurse*, Mrs. Wolfson.

SASKATCHEWAN

Grey Nuns' Hospital, Regina

Hon. Pres., Sr. Brodeur; Pres., Mrs. F. Bard; Vice-Pres., Miss E. Fyffe; Sec.-Treas., Miss B. Hailstone, G.N.H.; Assist. Sec.-Treas., Miss H. Johnston; *Committees: Lunch*, Miss E. Jefferson, Mrs. J. Williams; *Visiting*, Sr. Gervais, Miss B. Muller; *Membership*, Misses P. Geeson, F. Button, Mrs. I. McCabe, Sr. Tougas; *Program*, Misses M. Goski, H. Janis, Mmes F. Hammond, G. Arnall; *News Bulletin*, Misses H. Grohs, A. Larocque, M. Waddell, K. McAllister.

Regina General Hospital

Hon. Pres., Mrs. Chambers; Pres., Mrs. B. Berenson; Vice-Pres., Mrs. G. P. Wilson; Sec., Miss H. Jolly; Corr. Sec., Mrs. J. Butterfield; Treas., Miss D. Whitmore, 2055 Lorne St.; *Rep.* to *Press*, Mrs. C. Gibson.

St. Paul's Hospital, Saskatoon

Pres., Miss M. Dingwall; Vice-Pres., Mrs. R. G. McKay, Miss I. Burkitt; Sec., Miss N. Humphries; Treas., Mrs. I. Redston, 309-9th St.; *Councillors*, Mmes M. Rogers, T. L. Atwell, Misses S. Leeper, A. Kucirka.